



Please complete this form, and mail all documents listed below, along with this form and a check made out to NYSSRA to the address below.

Race Name _____

Race Location _____

Date _____

RA Name _____

RA Email _____

Jr I-II, JIII-JIV-JV Race Fees - \$2/race start to NYSSRA

Race Code	Total Starters	\$2
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		TOTAL \$ _____

3) Within 24 hours after your race send the 2nd Race Packet with Race Fee check made out to NYSSRA to Mary Sarkis, PO Box 257, Honeoye Falls, NY 14472.