



LETTER OF INTENT 2006 USSA JUNIOR OLYMPICS

Please print:

Competitor's Name _____ DOB _____

USSA # & Expiration Date _____ NC

or SJ?

Address _____

Telephone _____

Preferred e-mail _____

Parent/Guardian _____

We have read and understand the guidelines for qualifying for the EASTERN JUNIOR OLYMPIC SKI JUMPING & NORDIC COMBINED TEAM. We understand that this Letter of Intent and payment of the \$150 deposit does not qualify my child for the Eastern team but merely expresses a desire to be considered. We also understand that our deposit will be returned if our child does not make the team or can not attend due to injury. We understand that the deposit will be forfeited if our child makes the team and then quits or is asked to leave for cause.

Parent/Guardian Signature: _____ Date: _____

Will attend if qualifies. Please complete the enclosed **Medical Release Authorization** and return with a **check for \$150 payable to Eastern Junior Olympic Team.**

Will not attend, even if qualifies.

Circle the correct size: Jacket: Adult XS S M L Shirt: Youth M L XL Adult XS S M L

**RETURN THIS FORM, PAYMENT and MEDICAL AUTHORIZATION
by January 8, 2006 to**

Mrs. Marianne Fairall, 153 Old College Road, Andover, NH 03216

EASTERN SKI JUMPING & NORDIC COMBINED FOUNDATION, INC.

OLYMPIC JUMPING COMPLEX ≈ 52 SKI JUMP LANE ≈ LAKE PLACID, NY 12946 ≈ USA

518-523-1900 ≈ LHSTONE@UNO.COM ≈ SKIJUMPEAST.COM

GENERATIONS OF EXCELLENCE