

USAD CALCULATOR USE FORM

Please complete this form to include each member of the USAD team.

Date: _____

School: _____

School District: _____

Coach's Name: _____ Coach's Email: _____

Best time to be reached by _____

Coach's Phone: () _____ phone: _____

Decathlete's Name	Primary Calculator	Backup Calculator
First Name: Last Name:	Brand / Model	Brand / Model

Complete this form by March 26 2018 Submit to:
USAD
PO Box 4351
Mankato, MN 56002