



**UNITED STATES ACADEMIC DECATHLON®**  
**NATIONALS STATE CHAMPION**  
**REGISTRATION FEE**  
**April 20-22, 2017**

\_\_\_\_\_  
School

\_\_\_\_\_  
Coach

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail

**Registration Fee: \$600.00**

**Method of Payment:**

- ☐ Check enclosed  
☐ Purchase order enclosed  
☐ Credit Card:  
(Visa and MasterCard accepted)

**The following information MUST be provided when paying by Credit Card.**  
**Please print legibly**

Cardholder's Name: \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_

(CREDIT CARD BILLING ADDRESS **REQUIRED** FOR CREDIT CARD ORDERS)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

(THE CARDHOLDER'S SIGNATURE MUST BE ON FILE AT USAD TO PROCESS CREDIT CARD ORDERS)

***Please note: Email and fax security is not guaranteed***

**PLEASE SEND THIS FORM AND REGISTRATION FEE TO:**

United States Academic Decathlon®  
P.O. Box 4351  
Mankato, MN 56002  
Email: [amy@usad.org](mailto:amy@usad.org)

**RETURN BY: March 27, 2017**