

USAT SMW Youth Awards Request Form

Event Name: _____ Race Date: _____

Location: _____

Race Director: _____

Phone Contact: _____

Mailing Address: _____(street only)

City: _____ State:

_____ Zip Code: _____

Email: _____

Event Website: _____

This a USAT Sanctioned event. (Race Director signature below) _____

Is this the first year for this event? Yes No

Years the event has been in existence? _____

How many participants last year? ____How many participants this year? _____

OPTION 1:

of 5 7/8 awards requested: _____

of 7 3/8 awards requested: _____

OPTION #2:

\$100 cash cards(to be issued after the event and all the required information

Is provided to USATSMW)

Address to mail your form and deposit to:

John Ricca

USAT-SMW Youth Awards

7413 Ryan Drive

Plano, TX 75025