

# OFFICIAL ENTRY FORM

PLEASE PRINT CLEARLY

Please use separate form for each entry (you may copy this form)

## PLEASE CHECK EVENT(S) ENTERING:

**VASA**  
Saturday,  
February 14

50 km Classic   
27 km Classic   
12 km Classic   
10 km Touring Class (not timed)

50 km Freestyle   
27 km Freestyle   
12 km Freestyle

Team Competition 50km  27 km  12 km

Team Name \_\_\_\_\_

**Hagerty Insurance**  
**Gran Travers'**  
Sunday,  
February 15

16 km Classic  6 km Classic

**Double Bonus!**  
*Both races qualify for Michigan Cup points*

**American Waste Jr. VASA Races**  
Saturday, February 14

1km Classic, 5 and under and 6-7   
3km Classic, 8-9, 10-11, and 12-15   
3km Freestyle, 8-9, 10-11, and 12-15

## FEES AND DEADLINES

**North American VASA**  
Saturday, February 14

Before Jan. 10, 2009 \$33 27km \$50 50 km  
Jan. 11 - Feb. 7, 2009 \$50 27km \$60 50 km  
Feb. 8 - Feb.13, 2009 \$60 27km \$70 50 km  
Saturday (race day) \$65 27km \$75 50 km  
12km Fee \$20 per person or \$50 family rate\* (No fee deadline)  
Touring Class \$20 per person or \$50 family rate\* (No Fee deadline—not timed, 10 km only)  
American Waste Jr. VASA Races \$5 per person

**Hagerty Insurance Gran Travers'**

Feb. 15, 2009 16 km \$25  
(No Fee Deadline) 6 km \$15

**NO REFUNDS—NO EXCEPTIONS**

\*Immediate family members only, ID may be required.

Complete separate application for each family member and send in together with fee.

Last name \_\_\_\_\_ First name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex: M F Seed Time: Distance/Event \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
# of VASAs skied \_\_\_\_\_

I understand that I must sign a release form at Packet Pick-up.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
under 18 will require signature of a parent or guardian

I authorize release of my email address to VASA sponsors

## FEES AND DEADLINES

VASA (Feb. 14th) \$ \_\_\_\_\_  
Gran Travers' (Feb. 15th) \$ \_\_\_\_\_  
Direct Donation/ Cancer Fund \$ \_\_\_\_\_  
Direct Donation/ TART Trails \$ \_\_\_\_\_  
GRAND TOTAL DUE \$ \_\_\_\_\_

Visa  MasterCard Exp. Date \_\_\_\_\_  
Card# \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Signature \_\_\_\_\_

(Only Visa/MasterCard Accepted)

*You may register online from November 21—February 12th at [www.vasa.org](http://www.vasa.org)*

Mail to: VASA, 537 Webster, Traverse City, MI 49684