

# 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: \_\_\_\_\_

Coach's Phone: (     ) \_\_\_\_\_ Best time to be reached by phone: \_\_\_\_\_

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

Complete this form by March 27, 2017 Submit to:  
**USAD**  
**PO Box 4351**  
**Mankato, MN 56002**