

Send form to:

Central Cross Country Ski Association
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Internet Site: www.cxcskiing.org



For Office Use Only

**CXC ELITE TEAM
APPLICATION FORM**

Name _____	
Address _____	Phone ____ - ____ - _____
City _____	State ____ Zip Code _____ - _____
E-Mail _____	Website _____

Please list your top 5 career results:

1. _____
2. _____
3. _____
4. _____
5. _____

Please list your overall USSA points and ranking from the previous 2 seasons:

1. _____
2. _____

Please list your athletic goals and explain why you would like to be a part of the CXC Elite Team.