



## New York State Ski Racing Association Race Fee Form

Complete this form within 24 hours after completion of race and mail with your check and a copy of the **TD Report** only made out to NYSSRA to:

**NYSSRA**  
**5 Southside Dr. Suite 11-173**  
**Clifton Park, NY 12065**

Race Name \_\_\_\_\_

Race Location \_\_\_\_\_

Race Date \_\_\_\_\_

RA Name \_\_\_\_\_

RA Email \_\_\_\_\_

Race Code	Total Starters	X \$5/start/NON Scored X \$4/start/Scored	Total
_____	_____	X \$	\$ _____
_____	_____	X \$	\$ _____
_____	_____	X \$	\$ _____
_____	_____	X \$	\$ _____
_____	_____	X \$	\$ _____
_____	_____	X \$	\$ _____
_____	_____	X \$	\$ _____
_____	_____	X \$	\$ _____
<b>Total</b>			<b>\$ _____</b>

