



**NORDIC HEAD TAX FORM**

Name of Competition: \_\_\_\_\_

USSA Race Code: \_\_\_\_\_

Date of Competition: \_\_\_\_\_

Location of Competition: \_\_\_\_\_

Person Completing This Form: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

For hills K65 or larger:

\$3 x \_\_\_\_\_ (number of competitors per day) = \$ \_\_\_\_\_ head tax

**COMPLETE RESULTS MUST ACCOMPANY THIS FORM**



Number of Competitors per Competition Day: \_\_\_\_\_

Total Amount Sent: \$ \_\_\_\_\_

Check # \_\_\_\_\_

Date: \_\_\_\_\_

Please make checks payable to: **USSA**. Remit to:

USSA/Nordic  
Box 100  
Park City, UT 84060  
[nordic@ussa.org](mailto:nordic@ussa.org)