



APPLICATION TO BE A USAT CERTIFIED MULTISPORT SHOP

Shop Name: _____
Phone: _____ Fax: _____
E-mail: _____ Website: _____
Street Address: _____
State: _____ Zip: _____
Contact Name: _____ Title: _____

Please provide the following *required* information:

Name of USAT certified coach(es) affiliated with shop _____
USAT sanctioned event(s) sponsored by your shop each year _____
Dates of beginners clinics for 2008 (min. 2 per year) _____
Name of certified bike fit specialist (for shops that sell bikes) _____

Please agree to and *initial* the following:

_____ Provide gait analysis (for shops that sell running shoes)
_____ Be an authorized dealer of triathlon specific products (TBD)
_____ Provide a discount to USAT members
 Amount/% of discount:
_____ Display USAT membership and educational program information (including USAT membership applications, fliers, stickers, etc.) in a prominent place in the shop.

Would you be willing to carry and promote USAT sponsored products including but not limited to:

Videos	<input type="checkbox"/> yes	<input type="checkbox"/> no	Comments _____
Performance caps, socks, etc.	<input type="checkbox"/> yes	<input type="checkbox"/> no	Comments _____
USAT logo'd apparel	<input type="checkbox"/> yes	<input type="checkbox"/> no	Comments _____
Energy bars and drinks	<input type="checkbox"/> yes	<input type="checkbox"/> no	Comments _____

Signature
Please sign and fax to Bryan at 719.597.2121

Date