



2025-2026 TEAM OFFLINE PAYMENT REQUEST FORM

****This form is required for teams that wish to pay their team and institution fees by check****

Teams that opt to pay offline (via check) **must still [register online](#)** and submit an additional \$50 processing fee. *If you prefer to pay via credit card and would like a secure link to allow someone at your institution to do so, it is not too late! Email registration@uscса.org to request the link.*

NOTE: No checks will be accepted after November 30th. Online payments are the only acceptable form of payment starting December 1st.

For more information about the registration process, important dates and prices, visit our website at www.uscса.org/welcome.html.

Membership dues:

- A) Institution fee: \$190 per institution
- B) Team fees:

Registration Date	Team Fee	Small Team Fee*
Prior to November 1st	\$190	\$95
November 1st - November 30th	\$215	\$107.50
December 1st - December 31st	\$240	\$120
January 1st - January 31st	\$265	\$132.50
After January 31st	\$315	\$157.50

*Small teams are teams with fewer than three (3) people; small teams qualify for a discounted rate ONLY if they have fewer than three people at the time of registration AND in season.

Team Types:

Check the teams for which you are paying by check (please visit www.uscса.org/disciplines.html for full descriptions):

Male	Female
<input type="checkbox"/> Alpine Skiing	<input type="checkbox"/> Alpine Skiing
<input type="checkbox"/> Freeski	<input type="checkbox"/> Freeski
<input type="checkbox"/> Nordic Skiing	<input type="checkbox"/> Nordic Skiing
<input type="checkbox"/> Ski Jumping	<input type="checkbox"/> Ski Jumping
<input type="checkbox"/> Alpine Snowboarding	<input type="checkbox"/> Alpine Snowboarding

Freestyle Snowboarding	Freestyle Snowboarding
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Dues Worksheet:

1. Team fee (as of date of registration)	
2. Total number of teams with 3+ members	
3. Total number of teams with 1-2 members	
4. Total team fee(s) owed: (line 1 x by line 2) + (line 1 x line 3)	
5. Institution fee	\$190
6. Check processing fee	\$50
TOTAL FEES OWED (line 4 + line 5 + line 6)	

Institution name: _____

Team contact (first and last name): _____

Email: _____

Mail this form and check to:

USCSA

68 Harrison Ave., Ste. 605 #22462

Boston, Massachusetts 02111