



2025 Adult Race League Registration Form

Team Name: _____

Team Sponsor: _____

Sponsor Address: _____

Sponsor Phone Numbers: (H) _____ (C) _____

Team Captain: _____

Captain's E-Mail Address: _____

Captain's Address: _____

Captain's Phone Numbers: (H) _____ (C) _____

Team must have a minimum of 4, but no more than 10 racers. One must be Female.

TEAM ROSTER INFORMATION				
NO.	PRINTED NAME	GENDER	BIB. NO.	PAID
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

— For Office Use Only —

Date _____ Amount paid _____ Initials _____