



2026 CANNONSBURG ADULT RACE LEAGUE REGISTRATION FORM

TEAM/INDEPENDENT RACER

Team Name: _____

Team Captain: _____

Captain's E-Mail Address: _____

Independents E-Mail address: _____

Captain's Phone Numbers: **H:** _____ **C:** _____

Independents Phone Numbers: **H:** _____ **C:** _____

Team: Do you want Independent Racers added to your Team? **YES** ☐ **NO** ☐

Independent Racer: Do you want to be added to a Team? **YES** ☐ **NO** ☐

*** Teams must have a minimum of 4 racers with no more than 10 racers.
One must be Female. Teams with no Females listed on registration forms
will be placed with the independent racers.

*** Email completed forms to chris.glasco@gmail.com

NO.	RACERS NAME	GENDER	AGE	EMAIL
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				