

REGISTRATION FORM

(Please Print)

| Team Name: | | | Date: | | |
|---|--|-----------------|---------------|----------------------------|----------------------------|
| RUNNER # 1 INFORMATION | | | | | |
| Last name: | | First: | Middle: | Nick name: | |
| | | | | | |
| | | | | Sex: | |
| | | | | <input type="checkbox"/> M | <input type="checkbox"/> F |
| Home address: | | | Birth date: | Age: | Blood type: |
| | | | / / | | |
| City/Province: | | E-mail address: | | Phone number: | Mobile number: |
| | | | | | |
| Person to contact in case of emergency: | | | Relationship: | Mobile number: | |
| | | | | | |

| RUNNER # 2 INFORMATION | | | | | |
|---|--|-----------------|---------------|----------------------------|----------------------------|
| Last name: | | First: | Middle: | Nick name: | |
| | | | | | |
| | | | | Sex: | |
| | | | | <input type="checkbox"/> M | <input type="checkbox"/> F |
| Home address: | | | Birth date: | Age: | Blood type: |
| | | | / / | | |
| City/Province: | | E-mail address: | | Telephone number: | Mobile number: |
| | | | | | |
| Person to contact in case of emergency: | | | Relationship: | Mobile number: | |
| | | | | | |

| RUNNER # 3 INFORMATION | | | | | |
|---|--|-----------------|---------------|----------------------------|----------------------------|
| Last name: | | First: | Middle: | Nick name: | |
| | | | | | |
| | | | | Sex: | |
| | | | | <input type="checkbox"/> M | <input type="checkbox"/> F |
| Home address: | | | Birth date: | Age: | Blood type: |
| | | | / / | | |
| City/Province: | | E-mail address: | | Telephone number: | Mobile number: |
| | | | | | |
| Person to contact in case of emergency: | | | Relationship: | Mobile number: | |
| | | | | | |

| RUNNER # 4 INFORMATION | | | | | |
|---|--|-----------------|---------------|----------------------------|----------------------------|
| Last name: | | First: | Middle: | Nick name: | |
| | | | | | |
| | | | | Sex: | |
| | | | | <input type="checkbox"/> M | <input type="checkbox"/> F |
| Home address: | | | Birth date: | Age: | Blood type: |
| | | | / / | | |
| City/Province: | | E-mail address: | | Telephone number: | Mobile number: |
| | | | | | |
| Person to contact in case of emergency: | | | Relationship: | Mobile number: | |
| | | | | | |

RUNNER # 5 INFORMATION

| | | | | |
|---|-----------------|---------|--------------------|---|
| Last name: | First: | Middle: | Nick name: | Sex: <input type="checkbox"/> M <input type="checkbox"/> F |
| Home address: | | | Birth date: / / | Age: Blood type: |
| City/Province: | E-mail address: | | Telephone number: | Mobile number: |
| Person to contact in case of emergency: | | | Relationship: | Mobile number: |

SUPPORT STAFF INFORMATION

| | | | | |
|---|-----------------|---------|--------------------|---|
| Last name: | First: | Middle: | Nick name: | Sex: <input type="checkbox"/> M <input type="checkbox"/> F |
| Home address: | | | Birth date: / / | Age: Blood type: |
| City/Province: | E-mail address: | | Telephone number: | Mobile number: |
| Person to contact in case of emergency: | | | Relationship: | Mobile number: |

DRIVER INFORMATION

| | | | | |
|---|-----------------|---------|--------------------|---|
| Last name: | First: | Middle: | Nick name: | Sex: <input type="checkbox"/> M <input type="checkbox"/> F |
| Home address: | | | Birth date: / / | Age: Blood type: |
| City/Province: | E-mail address: | | Telephone number: | Mobile number: |
| Person to contact in case of emergency: | | | Relationship: | Mobile number: |