Brooks/Eastbay CC Border War

Please type or print clearly. Fill out the form completely. The entry will not be accepted without a signed waiver.

Name			
Address			
			ll
City	1000		State
	()	$\neg \sqcap$
Zip Code	Phone		Sex
E-Mail			
			$\neg \sqcap$
Date of Birth			Age ran
High School			Grade
Emergency Contact	Name	You must provide the name and ph	
()		an emergency contact on race day,	
Emergency Contact	Phone		
☐ High School G	irls High School	ol Boys	
Race Selection			
Men: ☐Small	■ Medium ■ Larg	e Women: Small	Medium
Singlet Size			
connected with thi any liability or cla participation in thi understand that thi heirs and assigns. event, recognize the acknowledge that permitting me to p all of the foregoing	is event (including volu- ims for any injury or il is event or that is in any is release applies to my I represent that I have a hat risks of injury accor this release is being rel participate. Further, I he g to use any photograpi	y other individuals who are in inteers assisting with the eve lness that I sustain during my other way related to this ev- self and my personal repress adequately trained to particip impany such participation an- ied upon by the above perso- ereby grant full permission to his, videotapes, motion pictunent for any legitimate purpos-	ent) from y ent. I entatives, pate in this d ns in p any and res,
Signature of participant		Da	te
Signature of parent/guardian		Da	te
	Mail entry b	lank with payme	nt to:
	Brooks/Eastbay B		
	PO Box 1346	order Trui	
	Racine, WI 5340	01	
	For more information 262-633-0033	ation, contact Peter Henk	es at
		AND FEE OF \$15.00 MU	

Country.