



## Great Race USA Registration Form

(Each team must complete an application)

Primary contact for your team: \_\_\_\_\_

Company you represent: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Team Name: \_\_\_\_\_

	Team Member #1	Team Member #2	Team Member #3
Name:	_____	_____	_____
Address:	_____	_____	_____
City/State/Zip:	_____	_____	_____

Parent or Guardians signature if team member is a minor \_\_\_\_\_

Do you have any allergies that race officials need to be concerned with?

Shirt Size – **Adult:** Small Medium Large Ex Large 2X Other \_\_\_\_\_

Shirt Size – **Children:** Small Medium Large

**All team members must bring an ID to be allowed to compete in the Great Race USA Challenge.**

**Team drivers must bring proof of insurance and a current driver's license.**