

## Spread Your Wings Adventure Race 2012

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

ARClub \_\_\_\_\_

Team Captain \_\_\_\_\_ Sex M F Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

Special Medical Concerns (allergies, etc...) \_\_\_\_\_

Team Member 2 \_\_\_\_\_ Sex M F Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

Special Medical Concerns (allergies, etc...) \_\_\_\_\_

Team Member 3 \_\_\_\_\_ Sex M F Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

Special Medical Concerns (allergies, etc...) \_\_\_\_\_

Team Member 4 \_\_\_\_\_ Sex M F Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email\_\_\_\_\_

Emergency Contact\_\_\_\_\_

Phone\_\_\_\_\_

Special Medical Concerns (allergies, etc...)\_\_\_\_\_

Which race are you entering? \_\_\_ 12 hr \_\_\_ 18 hr \_\_\_ Sprint Race

Fees:

Sprint Registration: \$90 per racer by May 1, 2012, \$100 after May 1<sup>st</sup>

12 hour Registration: \$135 per racer by May 1, 2012, \$145 after May 1st

18 hour Registration: \$150 per racer by May 1, 2012, \$160 after May 1st

Make checks payable to: Too Cool Racing, LLC Mail to: Too Cool Racing, 606 Monaco Cedar Park, TX 78613