

# TEAM REGISTRATION FORM

(#76784) May 10, 2008 at Alton Baker Park (10am-4pm)

[www.eugene-or.gov/adventureace](http://www.eugene-or.gov/adventureace) 541.682.5329



## TEAM NAME:

### Team Leader (please print)

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Birth Date \_\_\_\_\_  Male  Female  
Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Will you bring a  Bike  Helmet (required) for your use during race?  Please provide a bike/helmet for me

### Team Member (please print)

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Birth Date \_\_\_\_\_  Male  Female  
Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Will you bring a  Bike  Helmet (required) for your use during race?  Please provide a bike/helmet for me

### Team Member (please print)

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Birth Date \_\_\_\_\_  Male  Female  
Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Will you bring a  Bike  Helmet (required) for your use during race?  Please provide a bike/helmet for me

### Team Member (please print)

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Birth Date \_\_\_\_\_  Male  Female  
Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Will you bring a  Bike  Helmet (required) for your use during race?  Please provide a bike/helmet for me

Does team need any **accommodation for a disability**? (Please specify) \_\_\_\_\_

**Food Choice** for each team member (make 4 choices total): Beef \_\_\_\_\_ Veggie \_\_\_\_\_ Vegan \_\_\_\_\_

**You can pay as a team or pay individually:** \$80/Team or \$20/individual

Visa  Mcard Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Amt: \_\_\_\_\_  
 Check  Cash Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

Visa  Mcard Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Amt: \_\_\_\_\_  
 Check  Cash Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

Visa  Mcard Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Amt: \_\_\_\_\_  
 Check  Cash Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

Visa  Mcard Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Amt: \_\_\_\_\_  
 Check  Cash Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

Send check or money order payable to: City of Eugene Outdoor Program, 301 N. Adams St., Eugene, OR 97402