

TEAM REGISTRATION FORM

(#83156) May 9, 2009 at Washington Park (10am-4pm)

www.eugene-or.gov/adventurerace 541.682.5329



TEAM NAME:

Team will bring a GPS (required) for your use during race Please provide a GPS for us (limited supply)
Team will bring a Digital Camera (required) for your use during race. Cell phone camera is acceptable.
Team will bring a Bike Lock(s) for your use during race.

Team Leader (please print) Age _____

Last Name _____

First Name _____

Address _____

City/State/Zip _____

Phone _____

E-mail _____

Team Member (please print) Age _____

Last Name _____

First Name _____

Address _____

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

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

Team Member (please print) Age _____

Last Name _____

First Name _____

Address _____

City/State/Zip _____

Phone _____

E-mail _____

Team Member (please print) Age _____

Last Name _____

First Name _____

Address _____

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

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 _____

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