Plate Number:	
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# CAMP\*THREE CUP

## **AUGUST 10TH - 11TH 2019**

### REGISTRATION

NAME:	PLEASE PRINT	
ADDRESS: CITY:	STATE:	
D/O/B: / / RACING AGE:	(As of 8-12-18) CELL PHONE: ()	
EMERGENCY CONTACT:		
PLEASE CIRCLE	E CLASS BELOW:	
PRO MEN	PRO WOMEN	
MASTERS 40+	<b>AMATEUR MEN 13-19</b>	
<b>AMATEUR MEN 20-39</b>	AMATEUR WOMEN	
OPEN SINGLE CROWN (ENDURO)		
8-12 GROM BOYS & GIRLS		
TEAM NAME / SPONSORS:		
Signature	Date	

#### BELOW TO BE FILLED OUT BY REGISTRATION STAFF ONLY

Plate Number:

#### **PLEASE NOTE:**

You are also required to fill out an express assumption of risk waiver form. If you are under the age of 18 your parents must be present to sign!

No exceptions allowed.