

Plate Number: _____

CAMP ★ THREE CUP

AUGUST 11TH-12TH 2018

DOWN HILL REGISTRATION

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

D/O/B: ____ / ____ / ____ RACING AGE: _____ (As of 8-12-18) CELL PHONE: (____) _____ - _____

EMERGENCY CONTACT: _____

PLEASE CIRCLE CLASS BELOW:

PRO MEN

PRO WOMEN

MASTERS 40+

AMATEUR MEN 13-19

AMATEUR MEN 20-39

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.*