

Relay Bulk Entry

School: _____

Elementary School Junior High High School

Contact name: _____

Address: _____

Phone: _____ Postal Code: _____



Bib #	Team name:	Age	Sex
	1.		
Relay Category	2.		
	3.		
	4.		
	5.		

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	1.		
Relay Category	2.		
	3.		
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	4.		
	5.		

Adult Relay Teams (\$225.00)	Youth Relay Teams (\$150.00)	Total:
# _____	# _____	
\$ _____	\$ _____	

Any team with 2 or more adults is considered an adult relay team. Teams with only 1 adult are considered a 'School Special team' and still pay the Youth Relay Fee.

**Bib #'s and Race Kits will not be distributed until full payments and signed waivers are received **

OFFICE USE:
 DATE PROCESSED: _____
 PROCESSED BY: _____