

# 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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<b>Adult Relay Teams</b> (\$225.00)	<b>Youth Relay Teams</b> (\$160.00)	<b>Total:</b>
# _____	# _____	
\$ _____	\$ _____	

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 \*\*

<b>OFFICE USE:</b>
DATE PROCESSED: _____
PROCESSED BY: _____