

ARAPAHOE BASIN SKI ENDURO

REGISTRATION FORM
COMPETITORS INFORMATION

DATE SUBMITTED: _____

TEAM NAME: _____

COMPETITOR #1:

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
EMAIL _____
PHONE NUMBER () _____
PAST YEAR'S COMPETING (EXPERIENCE) _____
T-SHIRT SIZE _____

COMPETITOR #2

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
EMAIL _____
PHONE NUMBER () _____
PAST YEAR'S COMPETING (EXPERIENCE) _____
T-SHIRT SIZE _____

TEAM FEE - \$150 - PAID _____ DATE _____
LIFT TICKETS NEEDED _____

LIABILITY RELEASE #1 _____ #2 _____

***REGISTRATION FEE MUST ACCOMPANY REGISTRATION FORM.

*** NO FORMS WILL BE ACCEPTED WITHOUT PAYMENT.

CC # _____ EXP _____ SEC CODE _____

PLEASE MAKE OUT CHECKS TO:
ARAPAHOE BASIN SKI AREA