



# KanDo Adventures Race Application

RACE NAME: \_\_\_\_\_

Team Name \_\_\_\_\_

Category:      Male   Female   COED      2 Person or 3 person   (circle one)  
Advanced / Sport   (circle one)

## Team Captain:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Sex \_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

USARA # \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency contact and phone \_\_\_\_\_

## Team Members

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Sex \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Emergency contact and phone \_\_\_\_\_

USARA # \_\_\_\_\_ E-mail \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Sex \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Emergency contact and phone \_\_\_\_\_

USARA # \_\_\_\_\_ E-mail \_\_\_\_\_

## Team Fees

SEE THE WEBSITE FOR THE MOST RECENT REGISTRATION FEE

Make checks payable to **KanDo Adventures LLC** and mail to:

PO Box 54, Springfield, South Carolina, 29146