



Race Application

Palmetto Swamp Fox Adventure Race ~ Ultimate Carolina Adventure Race ~ Charleston's Mazing Race ~

(Circle Your Race)

Team Name _____

Category: **Male Female COED** **Solo 2 Person 3 person 4 person** (circle which apply)

Team Captain:

Last Name _____ First Name _____ Sex ____ Home phone _____

Address _____ City _____ State ____ Zip _____

E-mail _____

Emergency contact and phone _____ Medical Issues? _____

Team Members

Last Name _____ First Name _____ Sex ____

Address _____ City _____ State ____ Zip _____

Emergency contact and phone _____ Medical Issues? _____

E-mail _____

Last Name _____ First Name _____ Sex ____

Address _____ City _____ State ____ Zip _____

Emergency contact and phone _____ Medical Issues? _____

E-mail _____

Last Name _____ First Name _____ Sex ____

Address _____ City _____ State ____ Zip _____

Emergency contact and phone _____ Medical Issues? _____

E-mail _____

WHERE DID YOU HEAR ABOUT US? _____

Team Fees Check the kando website @ www.kandoadventures.com for current registration fees.

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

PO Box 54, Springfield, South Carolina, 29146

\$ _____