



## Race Application

### ~ Palmetto Swamp Fox Adventure Race ~

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

TEAM NAME: \_\_\_\_\_

#### **Team Captain**

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

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

Emergency contact and phone \_\_\_\_\_ Medical Issues? \_\_\_\_\_

E-mail \_\_\_\_\_

#### **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](http://www.kandoadventures.com) for current registration fees.

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

PO Box 54, Springfield, South Carolina, 29146

\$ \_\_\_\_\_

DATE: \_\_\_\_\_