



## 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 \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_

#### **Team Members**

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

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

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

E-mail \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_

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

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

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

E-mail \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_

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

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

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

E-mail \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_

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: \_\_\_\_\_