



REGISTRATION #: _____

DATE: _____

ENTRY TYPE:

☐ Individual Machine (\$25)

☐ Team (Up to 4 Machines) (\$50)

TEAM NAME (OPTIONAL): _____

TEAM CAPTAIN

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

EMAIL: _____

TEAM MEMBERS (MAXIMUM OF 4 MACHINES)

MACHINE #	NAME	MACHINE MAKE/MODEL	MACHINE REGISTRATION (OPTIONAL)
1 (CAPTAIN)	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP: _____

PHONE: _____

BONUS CATEGORIES (CHECK ALL THAT APPLY)

☐ Wearing Flannel

☐ Decorated Machine



PAYMENT

AMOUNT PAID: \$ _____

☐ Cash ☐ Check ☐ Other: _____

EVENT OFFICIALS ONLY

☐ Registration Paid

☐ Waiver Signed

☐ Rules Received

☐ Drawing Ticket Sheet Issued

☐ Clue Sheet Received

☐ Other: _____

☐ GPS Coordinates Received

VOLUNTEER INITIALS: _____

