

TEAM ENTRY FORM



REGISTRATION FEES: Duathlons \$60 Triathlons \$70

Email form to: brent.k.jones.naf@mail.mil or wsmrports@conus.army.mil or fax it to: 575-678-5949

**See Registration Instructions for Deadlines*

CHECK ONE CATEGORY (TEAMS MAY CONSIST OF TWO OR THREE MEMBERS);

TEAM MALE: _____ TEAM FEMALE _____ TEAM COED _____

TSHIRT SIZES: S, M, LG, XL, XXL

(PLEASE PRINT CLEARLY)

NAME: _____ SHIRT SIZE _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ PHONE NUMBER: _____

E-MAIL ADDRESS: _____

NAME: _____

ADDRESS: _____ SHIRT SIZE _____

CITY: _____ ST: _____ ZIP: _____ PHONE NUMBER: _____

E-MAIL ADDRESS: _____

NAME: _____ SHIRT SIZE _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ PHONE NUMBER: _____

E-MAIL ADDRESS: _____

WAIVER: In consideration of my entry in White Sands race events, I for myself, my heirs, executors and administrators forever waive and release any and all claims against the United States government, US Army, White Sands Missile Range the race director, and their representatives, volunteers or any other sponsor of claims, demands or costs arising from traveling to and from and participating in the event. I attest that I am physically fit to complete this event. Acceptance of reservation does not constitute approval to participate. We must remember this is an active missile testing range, so you may not touch anything you may see along the route. The race director reserves the right to reject any entry.

SIGNATURE: _____

Credit Card Number: _____ Exp Date: _____

****VISA and MASTERCARD Only****