



PO Box 253 Decatur IN 46733

Email: acamazingracechallenge@gmail.com

All registrations must be received by August 1st at midnight!!!

Team Registration

Team Name: _____

Team Member 1: _____ Age: _____

Team Member 2: _____ Age: _____

Email: _____

Email: _____

Team Member 3: _____ Age: _____

Team Member 4: _____ Age: _____

Email: _____

Email: _____

Team Contact Person: _____

Cell Phone #: _____

Email: _____ (Make sure this is an email that is used this is will be the main way that we communicate)

Shirt Sizes – please mark sizes for all 4 people on your team (place the # needed on the line)

___ Small ___ Medium ___ Large ___ X-Large ___ 2X-Large ___ 3X-Large

We will need to see a driver’s license and insurance the day of the race

Driver day of Race: _____

Cell Phone #: _____

Insurance Company: _____

Policy #: _____

I am agreeing by signing that I have a valid driver’s license and insurance on the vehicle that I am driving.

Signature: _____

Office Use Only

4 Signed waivers

Shirt Sizes _____

Shirts Ordered

Registered in person

Registered online

Paid \$50 sign-up fee Paid \$250 Team Fee (includes sign-up fee) Other Amount Raised: _____