

3RD ANNUAL HOMECOMING BED RACES

Team Registration Form

Fax, mail or bring this form along with the Rules and Regulations Acknowledgement and the Waiver of Liability to:

Fredonia Regional Hospital
1527 Madison St. ~ PO Box 579
Fredonia, KS 66736
Phone: (620)378-2121 ~ Fax: (620)378-0109
TEAM REGISTRATION FEE: \$25.00

Business, organization, or group being represented by your team:

Team Name (REQUIRED):

Team Captain (Contact Person): _____

(Contact Phone): _____

Team must consist of 4 runners and a rider for a total of 5 team members, two of which are female

Rider Name: _____

Rider Age: _____ **Male/Female:** _____

Runner (1) Name: _____

Runner (1) Age: _____ **Male/Female:** _____

Runner (2) Name: _____

Runner (2) Age: _____ **Male/Female:** _____

Runner (3) Name: _____

Runner (3) Age: _____ **Male/Female:** _____

Runner (4) Name: _____

Runner (4) Age: _____ **Male/Female:** _____

CHALLENGE RACE REQUEST:

Team to Challenge: _____