

**Amazing Challenge Race  
Registration form**

Team Name \_\_\_\_\_

Participants: (must be teams of 2 people 10 years of age and can be any gender combination)

Name \_\_\_\_\_ age \_\_\_\_      Name \_\_\_\_\_ age \_\_\_\_

Address \_\_\_\_\_      Address \_\_\_\_\_

City \_\_\_\_\_      City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_      State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_      Email \_\_\_\_\_

Phone \_\_\_\_\_ gender M F      Phone \_\_\_\_\_ gender M F

**Entry Fee:**      Early bird      After 9/13  
                         \$30                              \$35

**T-Shirt:** (t-shirt size is not guaranteed after 9/13)

Adult    \_\_\_ SM    \_\_\_ MD    \_\_\_ LG      Adult    \_\_\_ SM    \_\_\_ MD    \_\_\_ LG

          \_\_\_ XL    \_\_\_ 2XL                              \_\_\_ XL    \_\_\_ 2XL

Youth    \_\_\_ MD    \_\_\_ LG      Youth    \_\_\_ MD    \_\_\_ LG

I hereby release the School District of New London, sponsors, cooperating agencies and other parties connected with the event from any liability incurred by my participation in this event.

Signature \_\_\_\_\_      Signature \_\_\_\_\_

Guardian signature \_\_\_\_\_      Guardian signature \_\_\_\_\_

**Checks Payable to: NLHS Swimming**

**Mail To:**      New London Middle School  
                         Stacy Ruckdashel  
                         1000 W. Washington St.  
                         New London, WI 54961

EMAIL: [sruckdas@newlondon.k12.wi.us](mailto:sruckdas@newlondon.k12.wi.us)

For more information