



***** Race Registration *****

Race Information:

- One Race registration form per Solo/Team
- One Accident Waiver & Liability Release form per Racer
- Questions: Call Chuck @ 585-657-7777 (x229)
 - c.gallagher@commodoreolutions.com
- Indicate your age as of 12/31/10

Make checks payable to: Chuck Gallagher

Mail to: Commodore Plastics
26 Maple Avenue
Bloomfield, NY 14469

Attn: C. Gallagher

Please indicate your class:

| Solo | Team – (2) Person | Open – (3 or More Racers) |
|--|---|---|
| <input type="checkbox"/> Female 29 & Under <input type="checkbox"/> Female 30-45 <input type="checkbox"/> Female 45+ <input type="checkbox"/> Male 29 & Under <input type="checkbox"/> Male 30-45 <input type="checkbox"/> Male 46+ <input type="checkbox"/> Single Speed - Any Gender/Age | <input type="checkbox"/> Female/Female 29 & Under <input type="checkbox"/> Female/Female 30-45 <input type="checkbox"/> Female/Female 46+ <input type="checkbox"/> Male/Female 29 & Under <input type="checkbox"/> Male/Female 30-45 <input type="checkbox"/> Male/Female 46+ <input type="checkbox"/> Male/Male 29 & Under <input type="checkbox"/> Male/Male 30-45 <input type="checkbox"/> Male/Male 46+ <input type="checkbox"/> Single Speed – Any Gender/Age | <input type="checkbox"/> 3 or More – Any Gender/Age |
| \$55/Person | \$85/Team | \$105/Team |

Team Name (Optional):

| Racer Name | Home Address | Age | Emergency Contact/Phone |
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