



# \*\*\*\*\* Race Registration \*\*\*\*\*

**Race Information:**

- One Race registration form per Solo/Team
- One Accident Waiver & Liability Release form per Racer
- Questions: Call Brad @ 585-657-7777 (x223)
  - B.braddon@commodoreolutions.com
- Indicate your average age as of race day: \_\_\_\_\_  
(enter age)

Make checks payable to: Tom McNamara

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

Attn: G. Braddon

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
\$50/Person	\$90/Team	\$120/Team

Team Name (Optional):

Racer Name	Home Address	Age	Emergency Contact/Phone

