



DH REGISTRATION

NAME: _____

PLEASE PRINT CLEARLY SO WE CAN READ IT

PLATE NUMBER: _____

TOWN: _____ STATE: _____ CELL PHONE: (_____) _____ - _____

D/O/B: ____ / ____ / ____

RACING AGE: _____ (As of 12-31-20)

TEAM NAME / SPONSORS: _____

PLEASE CIRCLE RACER CLASS BELOW:

CLIF Kids U12

Youth U15

Amateur 15-18

Expert 15-18

Amateur 19-29

Expert 19-29

Amateur 30-39

Expert 30-39

Amateur 40+

Expert 40+

Amateur Women

Masters 50+

Pro/Expert Women

Pro Men

PLEASE NOTE:

You are also required to fill out an express assumption of risk waiver form.

If you are under the age of 18 your parents must be present to sign!

No exceptions allowed.