



ENDURO REGISTRATION

NAME: _____
(so we can read it please)

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

D/O/B: ____ / ____ / ____ RACING AGE: _____ (As of 12-31-20)

TEAM NAME / SPONSORS: _____

PLEASE CIRCLE CLASS BELOW:

U15

CLIF Kids U12

U20

CLIF Enduro Lite

21-29

30-39

Amateur Women

40-49

Pro Men

50+

Pro Women

**I UNDERSTAND I NEED TO RETURN THE TIMING CHIP BEFORE LEAVING THE EVENT OR I WILL
PAY/BE CHARGED \$100.00 REPLACEMENT FEE**

SIGN HERE: _____

STOP! BELOW TO BE FILLED OUT BY REGISTRATION STAFF ONLY STOP!

Plate Number: _____ Chip Number: _____

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.*