



# INTENSE DH REGISTRATION

**NAME:** \_\_\_\_\_

PLEASE PRINT CLEARLY SO WE CAN READ IT

**PLATE NUMBER:** \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

D/O/B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

RACING AGE: \_\_\_\_\_ (As of 12-31-21)

TEAM NAME / SPONSORS: \_\_\_\_\_

PLEASE CIRCLE RACER CLASS BELOW:

**Kate's Kids U12** (15 and Under)

**Youth U15** (15 and Under)

**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.