

PAHMAZING RACE

Team Registration

TEAM NAME _____

TEAM CAPTAIN _____

PHONE _____ EMAIL _____

MEDICAL CONCERNS OF TEAM MEMBERS: _____

Team Information

TEAM MEMBERS (\$5 per member)

1. _____
2. _____
3. _____
4. _____
5. _____

IF NO TEAM CHECK HERE ☐



2017 PAHmazing Race will **REQUIRE** a Waiver and Release of Liability to be completed on March 24th during the event

