

**RAPTURE IN MISERY 612**  
[WWW.HEARTLANDRACE.COM](http://WWW.HEARTLANDRACE.COM)  
**EVENT REGISTRATION FORM**

This form must be read carefully, filled out completely and submitted with a signed Accident Waiver Release of Liability form and payment in full of the race entry fee. Payment may be made by cash or check only.

**PLEASE PRINT AND SIGN BELOW**

**TEAM CAPTAIN NAME:** \_\_\_\_\_

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

**STREET ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE: HM** \_\_\_\_\_ **WK** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**EVENT CLASS** *(Please Check One)*

Heartland Sports Promotions reserve the right to combine or eliminate classes the day of the event as necessary to maintain a minimum class size.

6 Hour Classes and Entry fees		12 Hour Classes and Entry fees	
Solo M	-\$40.00 <input type="checkbox"/>	Solo M	-\$50.00 <input type="checkbox"/>
Solo F	-\$40.00 <input type="checkbox"/>	Solo F	-\$50.00 <input type="checkbox"/>
Duo Open	(any combo 2)-\$30.00/ea <input type="checkbox"/>	Duo Open	(any combo 2)-\$40.00/ea <input type="checkbox"/>
		3 Person FEMALE	(any combo 3)-\$40.00/ea <input type="checkbox"/>
		3 Person FAST	
		(BEGINNER. any combo 3)-\$40.00/ea	<input type="checkbox"/>
		3 Person SUPAFAST	
		(SPORT/EXPERT any combo 3)-\$40.00/ea	<input type="checkbox"/>
		5 Person Open	
		(any combo 5)-\$40.00/ea	<input type="checkbox"/>

**TEAM MEMBERS**

**2<sup>nd</sup> TEAM MEMBERS NAME:** \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**3<sup>rd</sup> TEAM MEMBERS NAME:** \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**4<sup>th</sup> TEAM MEMBERS NAME:** \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**5<sup>th</sup> TEAM MEMBERS NAME:** \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

I agree to abide by the rules and regulations as set forth by the director of this event. I further agree that all information contained on this form is true and accurate to the best of my knowledge and that I have read, understood, agree with the terms of and signed the Accident Waiver and Release of Liability form.

**TEAM CAPTAINS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Note: If 17 or under, Signature of Parent or Guardian Is Required Below:

**PARENT OR GUARDIAN'S SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_