



Universal Entry Form

NAME OF RACE: REGIONAL XC CHAMPS 11/5/23

___CASH/___CHECK PAYMENT

COST: \$10.00.

NAME _____ AGE _____

ZIP CODE _____ . ___MALE ___FEMALE DIVISION NAME _____

TEAM OR SCHOOL _____

E-MAIL _____ CELL _____

WAIVER I know that competing in a Run/Walk can be a hazardous activity. I should not enter unless I am medically able and properly trained. Having read this waiver, I for myself and anyone acting in my behalf, waive, The Seashore Striders, The Seashore Strider Event Production, Inc. and all sponsors from all claims and liabilities resulting in my participation in this event. I give permission for the use of my name and photograph in connection with this event. Signature of parent/guardian required for children under 18.

Signature _____

PLEASE MAIL SO IT ARRIVES BY WED, NOV 1st, 2023

MAIL TO: Seashore Striders; C/O Tim Bamforth,

9 Gander Lane, Lewes, DE. 19958

DIVISIONS: 6U MIGHTY MITE, 7-8 SUB BANTAM, 9-10 BANTAM, 11-12 MIDGET, 13-14 YOUTH, 15-18 INTERMED/YMEN/WOMAN

