Mix and Match Relay Race Registration Form Saturday, December 21st, 2019

Relay Team Name:	
(Each team member must sig	ın a waiver form)
Number of participants in re	elav: (please check)
individual (does all 4 l	ans)
2 person (2 laps each	
3 person (2 participant	ts do 1 lap and a 3rd does 2 laps)
4 person (each particip	pant does 1 lap)
Team members name	email address
1	
2	
3	
4	
Please Check One:	
	4 laps X 4 kilometers (first 2 laps classic ski, last 2 laps skate ski)
	4 laps X 2 kilometers (classic/skate/snowshoe or any combination
Start times:	
* 8 Kilometer - 9:00 am.	
* 16 kilometer - 10:00 am.	
ENTRY FEES:	
	e (4 laps x 4 kilometers) : \$16 / team
8 kilometer race:	: (4 laps x 2 kilometers): \$8 / team
Race day registration: 8K -	7:00 am - 8:30 am ; 16K - 7:00 am - 9:30 am
•	l entry form, waiver(s) and check to:
	Council and mail to: P.O. Box 730 Leadville, CO 80461
	yPal, go to leadvillecrosscountryski.com
Please send a note stating th	e payment is for the race.
e use only:	
nent method :cas	hcheck #PayPal
M #	
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