



GEAR 2010

Go Easy, Energetic, Extreme Adventure Races
9/25/10



Team Name: _____ (Be creative – there is a prize for best name!)

Team Sponsor (If Any): _____

Team Captain: (This will be your team contact person)(All fields required)

Name _____

Address _____

City/State/Zip _____

Email: _____

Phone: (____) _____ **Cell Phone:** (____) _____.

Gender: _____ Male _____ Female **Age (On Race Day):** _____

T-Shirt Size (Unisex) : XSm Sm Md Lg XLg

Race Division:

____ Go Easy ____ Go Energetic ____ Go Extreme

Team Division:

____ 3-Person ____ 2-Person _____ Family (Go Easy/Go Energetic only)

Registration Fee:

_____ # of Adults X \$40 each = \$ _____

_____ # of children X \$15 each = \$ _____

Canoe Rental Fee (includes PFDs & Paddles)= # _____ x \$30 each = \$ _____

(Call Race Director for more information on canoe capacity – Family teams may need two canoes)

of Extra Post Event Tickets Needed: _____ x \$5.00 each = \$ _____

(Tickets will also be available at the event)

Total Enclosed \$ _____

Make checks payable to the:

St. Lawrence Health Initiative

Mail registration form and check(s) to:

P.O. Box 5069 Potsdam, NY 13676

Teammate Information: (Required)

Team Member #2:

Name _____

Age (On Race Day): _____

Email (Age 18 or older): _____

Gender: _____ Male _____ Female

T-Shirt Size (Unisex) : XSm Sm Md Lg XLg

Team Member #3: (3 Person or Family Division)

Name _____

Age (On Race Day): _____

Email (Age 18 or older): _____

Gender: _____ Male _____ Female

T-Shirt Size (Unisex) : XSm Sm Md Lg XLg

Please use the following page for additional family division team members.

REFUND POLICY:

No refund will be given after September 10th. Prior to then a \$20 processing fee per team will be held.

How did you find out about GEAR? _____

If a person who participated in GEAR in a previous year referred you, please put their name here so they get credit for the referral _____

Send questions to: carol@gethealthyslc.org Web: www.gethealthyslc.org
Phone: (315) 261-4760 (Ext. 223)

Team Member #4: (Family Division)

Name _____

Age (On Race Day): _____

Email (Age 18 or older): _____

Gender: _____ Male _____ Female

T-Shirt Size (Unisex) : XSm Sm Md Lg XLg

Team Member #5: (Family Division)

Name _____

Age (On Race Day): _____

Email (Age 18 or older): _____

Gender: _____ Male _____ Female

T-Shirt Size (Unisex) : XSm Sm Md Lg XLg

Team Member #6: (Family Division)

Name _____

Age (On Race Day): _____

Email (Age 18 or older): _____

Gender: _____ Male _____ Female

T-Shirt Size (Unisex) : XSm Sm Md Lg XLg