## Race Team - 2 Person

**Team Name:** _____

**Category:** **Male** ☐ **Female** ☐ **Mixed** ☐

**Team Captain** _____
First Name: _____
Last Name: _____
Occupation: _____ _____
Age: Sex:
_____
Address: Street _____
Suburb _____
City _____
Phone (h): _____
Email:

T-Shirt Size: Small Medium Large Extra Large
(circle one)

**Team Member 2:** _____
First Name: _____
Last Name: _____
Occupation: _____ _____
Age: Sex:
_____
Address: Street _____
Suburb _____
City _____
Phone (h): _____
Email:

T-Shirt Size: Small Medium Large Extra Large
(circle one)

Please fill out the entry form and post to PO Box 410 Queenstown.

Entry fees: $195 per person. Cheques made out to Southern Traverse Ltd.

**Team Captains Declaration**
I / we have read and understand the rules and liability release, and declare I fully accept the terms and conditions set forth herein.

Participants Signature / Date : _____

_____