Rocky Gap Adventure Race

2010 Registration Form

October 2, 2010

Rocky Gap State Park - Flintstone, MD

Name (Team Captain):
|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

City:
|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Address:
|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

State: |__|__| **Zip:** |__|__|__|__|__| - |__|__|__|__|

E-mail: (mandatory to email race confirmation)
|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Phone (Day):
|__|__|__| - |__|__|__|__|__|__|__|

Gender: (circle) F / M

T-Shirt Size: (circle) S M L XL

Date of Birth: ___/___/______

Age: _________

Phone (Evening):
|__|__|__| - |__|__|__|__|__|__|__|

Team Name (teams only):
|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Divisions: (check one only) (for age based divisions, age determined as of the last day of the year - 12/31/2010)

Solo Divisions: ____ Solo Female ____ Solo Male ____ Solo Male Masters 40+

2 Person Divisions: ____ Duo Co-Ed ____ Duo Female ____ Duo Male ____ Duo Male Masters 80+*

3 Person Divisions: ____ Co-Ed ____ Female ____ Male

____ Male Masters 120+*

*combined team age

Entry Fees: (circle one)

Early postmarked by 8/2/2010:	$140/solo or $250/2 person team or $300/3 person team
Regular postmarked by 9/2/2010:	$155/solo or $270/2 person team or $330/3 person team
Late postmarked by 9/23/2010:	$170/solo or $290/2 person team or $360/3 person team

NO RACE DAY REGISTRATION

Total Amount Enclosed:

$_______________

On-line Registration at Active.com will remain open until 11:59pm on 9/27/10.

We must receive registrations at least 10 days before the event to guarantee a t-shirt in your specified size. In an attempt to predict racer participation, we will order additional t-shirts. However, those registering within 10 days of the event will receive t-shirts while supplies last.

If we run out of t-shirts, you can choose one from our vintage stock.

Mail Registration Form and check for full payment to:

(make checks payable to EX2 Adventures)

EX2 Adventures
ATTN: Rocky Gap Adventure Race
4450 Rivanna Lane, MB# 3719
Fairfax, VA 22030-4441

Registration is on a first come, first served basis.

Race limited to 350 racers or 135 teams (whichever comes first)

Team captains will receive a confirmation e-mail once they have been officially registered in the race.

For more information visit: www.ex2adventures.com, email info@ex2adventures.com or call (571) 251-6034

Name (2nd Teammate - if applicable):
|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
Address:
|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
E-mail: (mandatory)
|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
Gender: (circle) **T-Shirt Size:** (circle) **Age:** **Date of Birth:**
F / M S M L XL _____ ___/___/______

City:
|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
State: **Zip:**
|__|__| |__|__|__|__|__| - |__|__|__|__|
Phone:
|__|__|__| - |__|__|__|__|__|__|__|

Name (3rd Teammate - if applicable):
|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
Address:
|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
E-mail: (mandatory)
|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
Gender: (circle) **T-Shirt Size:** (circle) **Age:** **Date of Birth:**
F / M S M L XL _____ ___/___/______

City:
|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
State: **Zip:**
|__|__| |__|__|__|__|__| - |__|__|__|__|
Phone:
|__|__|__| - |__|__|__|__|__|__|__|