

Greenhorn Adventure Race

2019 Registration Form

Sat. May 11, 2019

Lake Fairfax, Reston, VA



Name: _____	City: _____
Address: _____ _____	State: Zip: _____
E-mail: (mandatory) _____	Phone: _____
Gender: (circle) T-Shirt Size: (circle)	Date of Birth: Age:
F / M Men's: S M L XL XXL	____/____/____ _____
Women's: S M L XL	
Emergency Contact: _____	Emergency Contact Phone #: _____
Team Name: _____	

Division (check one only):

Solo (male) 2-person (male) 2-person (female) 2-person (co-ed) 2-person (co-ed masters)

Solo (Female) 3-person (male) 3-person (female) 3-person (co-ed) 3-person (co-ed masters)

Registration Fees:

Solo Registration Fees:	New Year: \$80* Early: \$90** Regular: \$100***
2 Person Relay Team Registration Fees:	New Year: \$150/team* Early: \$170/team** Regular: \$190/team***
3 Person Relay Team Registration Fees:	New Year: \$210/team* Early: \$240/team** Regular: \$270/team***

NO RACE DAY REGISTRATION

Total Amount Enclosed:
\$ _____

*New Year Registrations must be postmarked by 1/6/19. **Early registrations must be postmarked by 4/11/19.
***Regular Registrations must be postmarked by 5/3/19.

Mail Registration Form and check for full payment to:
(make checks payable to EX2 Adventures)

EX2 Adventures
ATTN: Greenhorn Adventure Race
11654 Plaza America Drive #181
Reston, VA 20190

Registration is on a first come, first served basis.
Limited to 350 racers/teams
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 (703) 338-3965

Name (2nd Teammate - if applicable):

Address:

E-mail: (mandatory)

Gender: (circle)

F / M

T-Shirt Size: (circle)

Men's: S M L XL XXL

Women's: S M L XL

Emergency Contact:

City:

State:

Zip:

Phone:

Age:

Date of Birth:

___/___/___

Emergency Contact Phone #:

Name (3rd Teammate - if applicable):

Address:

E-mail: (mandatory)

Gender: (circle)

F / M

T-Shirt Size: (circle)

Men's: S M L XL XXL

Women's: S M L XL

Emergency Contact:

City:

State:

Zip:

Phone:

Age:

Date of Birth:

___/___/___

Emergency Contact Phone #: