

**NOTE: Deposit must accompany this form.
Print, complete and mail to:**

**Cabot Trail Relay Association
P.O. Box 675
Baddeck NS
B0E 1B0**

REGISTRATION FORM

**CABOT TRAIL RELAY RACE
MAY 26 - 27, 2012**

TEAM NAME: _____

CAPTAIN: _____

ADDRESS: _____

PHONE: DAY: _____
NIGHT: _____

FAX: _____

E-MAIL: _____

**ALTERNATE
CONTACT:** _____

PHONE: DAY: _____
NIGHT: _____

FAX: _____

E-MAIL: _____

DEPOSIT PAID: _____
BALANCE DUE: _____

**KEY DATES MARCH 1, 2012: BALANCE OF REGISTRATION FEE DUE
 MARCH 15, 2012: SHIRT ORDER FORM DUE
 MAY 1, 2012 WAIVER FORM DUE
 MAY 1, 2012 MEAL FORM DUE**