

**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 27 - 28, 2017**

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, 2016: BALANCE OF REGISTRATION FEE DUE

MARCH 15, 2017: T-SHIRT ORDER FORM DUE

MAY 1, 2017 WAIVER FORM DUE

MAY 1, 2017 MEAL FORM DUE