

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 25 - 25, 2019**

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, 2019: BALANCE OF REGISTRATION FEE DUE

MARCH 15, 2019: T-SHIRT ORDER FORM DUE

MAY 1, 2019 WAIVER FORM DUE

MAY 1, 2019 MEAL FORM DUE