



Team Name: _____

Day Racing: **Tuesday, Thursday or Sunday (Select One)**

Team Captain: _____

Phone Number: _____

Email: _____

As team captain I have read the race rules and format, especially the weather contingencies.

Signature: _____ Date: _____

Team Roster

Name	National Nastar #	M/F	DOB	Email
1. _____	_____	____	____	_____
2. _____	_____	____	____	_____
3. _____	_____	____	____	_____
4. _____	_____	____	____	_____
5. _____	_____	____	____	_____
6. _____	_____	____	____	_____
7. _____	_____	____	____	_____
8. _____	_____	____	____	_____
9. _____	_____	____	____	_____
10. _____	_____	____	____	_____

Roster and Payment due December 15th.

Side Notes: Only individuals listed on the team roster are permitted to race. In the case of physical injury preventing any team member from participation, another individual may be substituted. A written statement from the attending physician is required within three days after the race. Labrador/Song Office must be notified by 12:00 the day of the race or by 12:00 the day of the finals. Notification must be made to sheilaskicny@gmail.com. Any illegal substitute during the season will result in a disqualification of that team for the remainder of the season.