



eam 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 Lab Office or the Song Office. Any illegal substitute during the season will result in a disqualification of that team for the remainder of the season.