

WILD WAGONS SHOWDOWN REGISTRATION FORM

Part 1 Company and Team Information

Contact information for the participating company, the team, and the team sheriff.

Company Information

Company Name _____

Company Address Line 1 _____

Company Address Line 2 _____

City _____ Province _____

Postal Code _____ Phone _____ - _____ - _____

Team Information

Team Name _____

Team Sheriff Full Name _____

Contact Phone _____ - _____ - _____

Contact Email _____

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Part 2 Participant Information

Please fill out the full names of all participants. If the team sheriff is a participant, please list them here as well as on the previous page.

Primary Participants*

Participant 1 Full Name _____

Participant 2 Full Name _____

Participant 3 Full Name _____

Participant 4 Full Name _____

Participant 5 Full Name _____

Alternate Participants*

Alternate Participant 1 Full Name _____

Alternate Participant 2 Full Name _____

Alternate Participant 3 Full Name _____

* All primary and alternate participants must fill out and submit a waiver in order to race.