



Print and Mail this form with check

Make checks payable to:
The Rotary Club of Dunedin Foundation
PO Box 1153
Dunedin, FL 34698

Last Name _____

First Name _____

Phone # _____

Address _____

City _____ State _____ Zip _____

Email _____

Please print your Email address very clearly as this is our only way to contact you with verification and updates

Male _____ Female _____ Age _____

Division in which you would like to race (choose one):

**Athenas are women weighing over 150 lbs*

**Clydesdales are men weighing over 200 lbs*

_____ **Age Group**

_____ **Elite**

_____ **Clydesdale over 40**

_____ **Clydesdale under 40**

_____ **Athena over 40**

_____ **Athena under 40**

_____ **Relay (may consist of 2 or 3 members)**

Shirt Size (please circle): **S** **M** **L** **XL**

ALL registrants MUST be present at packet pick-up to sign a waiver of release to race, including all members of the relay teams.

There is NO additional insurance or USAT fee at this race. This is NOT a USAT sanctioned race but we will follow the same general rules.