LEWIS & CLARK
OZARK ADVENTURE RACE

www.ozarkadventurerace.com

EVENT DATE:
October 29 - 30, 2010

Please Print Clearly:

DIVISION: *Check One* Open ☐ Master ☐ Solo ☐ **TEAM NAME:**

Racer #1 - Team Captain	Racer #2	Racer #3
FIRST NAME:	FIRST NAME:	FIRST NAME:
LAST NAME:	LAST NAME:	LAST NAME:
E-MAIL ADDRESS:	E-MAIL ADDRESS:	E-MAIL ADDRESS:
MAILING ADDRESS:	MAILING ADDRESS:	MAILING ADDRESS:
CITY	CITY	CITY
STATE ZIP	STATE ZIP	STATE ZIP
PHONE #	PHONE #	PHONE #
AGE ON 10/29/10 -	AGE ON 10/29/10 -	AGE ON 10/29/10 -
BIRTH DATE (mm/dd/yy)	BIRTH DATE (mm/dd/yy)	BIRTH DATE (mm/dd/yy)
USARA#:	USARA#:	USARA#:
GENDER: M ☐ F ☐	GENDER: M ☐ F ☐	GENDER: M ☐ F ☐
CYCLING JERSEY SIZE (unisex): XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐	CYCLING JERSEY SIZE (unisex): XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐	CYCLING JERSEY SIZE (unisex): XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐
Will you attend the post race awards dinner? yes ☐ no ☐	Will you attend the post race awards dinner? yes ☐ no ☐	Will you attend the post race awards dinner? yes ☐ no ☐
If so, will you be bringing guests? (tickets $8 each) yes ☐ no ☐	If so, will you be bringing guests? (tickets $8 each) yes ☐ no ☐	If so, will you be bringing guests? (tickets $8 each) yes ☐ no ☐
Will you attend the pre-race pasta feed? yes ☐ no ☐	Will you attend the pre-race pasta feed? yes ☐ no ☐	Will you attend the pre-race pasta feed? yes ☐ no ☐
If so, will you be bringing guests? (tickets $5 each) yes ☐ no ☐	If so, will you be bringing guests? (tickets $5 each) yes ☐ no ☐	If so, will you be bringing guests? (tickets $5 each) yes ☐ no ☐

CALCULATE TOTAL FEES: *Please note date entry fees are due by when calculating fees*

Types of Fees:	**Until 7/31**	**8/1 - 9/30**	**10/1 - 10/18**	**Qty**	**Subtotal**
Race entry fee	$145 per racer	$175 per racer	$190 per racer		
Extra pre-race pasta feed tickets	$5 per guest				
Extra awards dinner tickets	$8 per guest				
Purchase Additional Cycling Jerseys	XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐		$50 per jersey		
Purchase Long-sleeve shirts	S ☐ M ☐ L ☐ XL ☐ XXL ☐		$15 per shirt		
				Total	

PAYMENT: Please send completed registration form with payment information to:
All Sports Productions Inc., 1629 S. River Meadows Dr., Fayetteville, Arkansas 72701
For more information visit the race web site: www.ozarkadventurerace.com or call 479-521-7766

Method of Payment

☐ Check (Make Payable to: **All Sports Productions, Inc.**) Check # __ __ __ __ __

☐ Credit Card: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card # __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Expiration Date __ __ / __ __

CVV# __ __ __ __ *(three or four-digit security code number on front or back of card)*

Cardholder Name: (as it appears on the card) _____

Cardholder Address: (as it appears on the card)_____City_____St____Zip_____

Cardholder's Signature_____Cardholder's Daytime Phone # __ __ __ - __ __ __ - __ __ __ __