



Registration Form

Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Male Female Age DOB

How did you hear about SHBF?

Friend _____ Website _____ Other _____

Have you ever raced competitively?

If so, last race, how many years and what divisions?

Do you have your own race gear?

How many people will be accompanying you for the day?

Do you prefer Friday or Saturday?

25 lap or 50 lap program?

Are you currently under a physicians care? Yes / No

For what condition?

Please list medications you are taking (including aspirin) and nutritional supplements.

Are you pregnant? Yes / No

Are you wearing contact lenses or dentures? Yes / No Yes / No

Do you have any allergies? Yes / No Please list

Do you have a heart condition? Yes / No Please explain

Emergency name & Contact info

Minimum of \$150.00 non-refundable deposit due at registration. Registrations received after September 4 will be subject to a \$50.00 late fee.

Please mail this registration form with a check payable to:

The Shane Hammond Believe Foundation

164 Anna Dr, East Bridgewater, MA 02333