



Riders Cup
February 29, 2020
Registration Form

Team Name: _____

Division - Circle One: ALL SKI MIXED OPEN PRO

Main Contact Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Three (3) Team Members

Name _____ Bib# _____ Age: _____ DOB: __ / __ / __

Riders Signature: _____ Date: _____

Parent/Guardian Signature (If 17 & Under): _____ Date: _____

Name _____ Bib# _____ Age: _____ DOB: __ / __ / __

Riders Signature: _____ Date: _____

Parent/Guardian Signature (If 17 & Under): _____ Date: _____

Name _____ Bib# _____ Age: _____ DOB: __ / __ / __

Riders Signature: _____ Date: _____

Parent/Guardian Signature (If 17 & Under): _____ Date: _____