

**Moab's Alpine To Slickrock 50 Mile Ultra Marathon
Entry Form – 2009**

Name _____ Birthdate _____

Address _____

City _____ State _____ Zipcode _____

Phone (_____) _____ Email _____

Male ___ Female ___ Age (on race day) _____

Need shuttle ___ No shuttle needed ___

Describe qualification for this race _____

Emergency Contact _____

Phone Emergency _____

Please fill out an additional entry form for 2nd person in relay and mail both together

Fee paid (\$70.00 register by August 1, \$85.00 after _____
Relay \$100.00 per team, \$117.00 after August 15 _____)

Additional family/friends attending post-race BBQ _____ @ \$8.00 each _____

Hat size ___ Small ___ Medium ___ Large ___ X-Large

In consideration of your acceptance of this entry, I hereby, for myself, my heirs, my executors and administrators, waive any and all rights and claims I may have against the Race Directors and any individuals and groups associated with this race, their representatives, and successors for any and all injuries suffered by me in connection with said event. In signing this entry, I acknowledge that I fully understand my own ability and the inherent dangers of trail running through remote country with minimal medical aid and do accept the above limitations.

Signed _____ Date _____



Make checks payable to “**Grassroots Events**”

No Refunds

Return registration with fee to:
Moab's Alpine to Slickrock 50 Mile Ultra Marathon
C/O Grassroots Events
P.O. Box 1425
Moab, UT 84532