



RIM NORDIC RACING XC Series

BIB #

Name **FIRST** _____ **LAST** _____

Date of Race _____ Racing Age (as of 12/31/23) _____ Date of Birth _____

Sponsor/Team _____ E-Mail _____

Mailing Address _____ Apt.# _____

City _____ State _____ Zip _____

Home Telephone (_____) _____ Male _____ Female _____

Open Single Speed

CROSS COUNTRY

PRO/EXPERT

- Pro Men
- Pro Women
- (A) Jr. Men 18 & under
- (B) Men 19-29
- (C) Men 30-39
- (D) Men 40-49
- (E) Men 50-59
- (G) Men 60-69
- (H) Men 70+
- (I) Men 65-69
- (ZZ) Men 70+
- (JJ) Women 18 & under
- (KK) Women 19-29
- (LL) Women 30-39
- (MM) Women 40-49
- (NN) Women 50+
- Open Single Speed
- (SS-2) Single Speed 50+

SPORT

- (J) Jr. 14 & under
- (K) Jr. 15-18
- (L) Men 19-29
- (M) Men 30-39
- (N) Men 40-49
- (O) Men 45-49
- (P) Men 50-54
- (Q) Men 55-59
- (R) Men 60-64
- (S) Men 65+
- (GG) Women 18 & under
- (HH) Women 19-29
- (TT) Women 30-39
- (VV) Women 40-49
- (XX) Women 50+
- (WW) Clydesdale
- (SS) Single Speed

BEGINNER

- (AA) Jr. Women 14 & under
- (BB) Jr. Women 15-18
- (CC) Jr. Men 10 & under
- (DD) Jr. Men 11-12
- (EE) Jr. Men 13-14
- (FF) Jr. Men 15-18
- (T) Men 19-29
- (U) Men 30-39
- (V) Men 40-49
- (X) Men 50-59
- (Y) Men 60-69
- (Z) Men 70+
- (OO) Women 19-29
- (PP) Women 30-39
- (QQ) Women 40-49
- (RR) Women 50+
- (W) Clydesdale 200lb+

— FEES — CROSS COUNTRY

- _____ \$65 Race Day
- _____ \$35 Juniors 18 + Under
- _____ \$30 High School Team

NO REFUNDS

In consideration of this entry, I hereby for myself, my executors, administrators and assignees waive any and all right of claims for damages I may have against Rim Nordic Ski Area, Inc., all sponsors and individuals associated with said event for any and all injuries sustained by me in this event. Also, none of the above are responsible for the loss of personal items not any other form of aggravation in connection with the said event. I attest and verify that I am physically fit and have trained for this event. In signing this form, I acknowledge I have read and full understand my own liability and do accept the restrictions.

SIGNATURE _____

(If minor, parent must sign)

Date _____

Registration	\$
VIP Package \$30	\$
Mark J. Reynolds Kid's Bike Fund DONATION	\$
Merchandise	\$
Other	\$
TOTAL (insurance surcharge included)	\$

Office Use Only

Cat. _____ Bib# _____

Total Paid \$ _____

Date Rec'd. _____

Check / Visa / Cash Int. _____