



# NZ's ULTIMATE MOUNTAIN BIKING CHALLENGE

Lake Hawea, Wanaka, New Zealand



## TEAM ENTRY FORM

Epic 125km Corporate Team Entry	<input type="checkbox"/>	\$375.00	1x	
Carbo Loading Meal (at registration)	<input type="checkbox"/>	\$16.00		
			<b>TOTAL</b>	<b>\$</b>

Team / Business Name:	
Team Leader Name:	
Email:	Phone:
Address:	Town/City:

### Team Member 1

Name:	Age on Event Day:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation:
Email:	Phone:
Address:	Town/City:
Medical Conditions:	
Emergency Contact (on the day):	Phone:
How did you hear about this event?	I am an LMS Contender (competed 2008/2009) YES / NO
	Are you a Contact Energy customer? YES / NO

Comments / Feedback:
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### RACE RULES / WAIVER:

<b>Individual</b>	
I have read and accept the Race Rules and Waiver for this event available online: <a href="http://www.contactepic.co.nz/race-rules.html">www.contactepic.co.nz/race-rules.html</a>	
<input type="checkbox"/> I AGREE (Please Tick)	
Signed:	Date:

<b>College Student Entry Individual (under 18yrs)</b>	
As Parent(s)/Legal Guardian(s) I(We) have read and accept on behalf of my (our) child (children), the Race Rules and Waiver for this event available online: <a href="http://www.contactepic.co.nz/race-rules.html">www.contactepic.co.nz/race-rules.html</a>	
<input type="checkbox"/> I / WE AGREE (Please Tick)	
Signed:	Date:

Post completed entry form and cheque to:  
LMS Events, 6 Juno Place, Wanaka, New Zealand  
(Cheques payable to: LMS Events)

Team Members 2 and 3 to complete page 2 >>

### Team Member 2

Name:	Age on Event Day:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation:
Email:	Phone:
Address:	Town/City:
Medical Conditions:	
Emergency Contact (on the day):	Phone:

How did you hear about this event?	I am an LMS Contender (competed 2008/2009) YES / NO
	Are you a Contact Energy customer? YES / NO

Comments / Feedback:
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### Team Member 3

Name:	Age on Event Day:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation:
Email:	Phone:
Address:	Town/City:
Medical Conditions:	
Emergency Contact (on the day):	Phone:

How did you hear about this event?	I am an LMS Contender (competed 2008/2009) YES / NO
	Are you a Contact Energy customer? YES / NO

Comments / Feedback:
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### RACE RULES / WAIVER:

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