



Race Application

Palmetto Swamp Fox Savannah River/Augusta Canal Charleston's Mazing Race (2 person only)

Team Name _____

Category: **Male** **Female** **COED** **Solo** **2 Person** **3 person** **4 person** (circle which apply)

Team Captain:

Last Name _____ First Name _____ Sex ____ Home phone _____

Address _____ City _____ State ____ Zip _____

E-mail _____

Emergency contact and phone _____ Medical Issues? _____

Team Members

Last Name _____ First Name _____ Sex ____

Address _____ City _____ State ____ Zip _____

Emergency contact and phone _____ Medical Issues? _____

E-mail _____

Last Name _____ First Name _____ Sex ____

Address _____ City _____ State ____ Zip _____

Emergency contact and phone _____ Medical Issues? _____

E-mail _____

Last Name _____ First Name _____ Sex ____

Address _____ City _____ State ____ Zip _____

Emergency contact and phone _____ Medical Issues? _____

E-mail _____

Team Fees Check the kando website @ www.kandoadventures.com for current registration fees.

Make checks payable to **KanDo Adventures LLC** and mail to:

PO Box 54, Springfield, South Carolina, 29146 \$ _____