

Rowdy Ranch Relay Entry Form

Organization/Team Name: _____

Circle one please: Youth Adult

****Each team member must return a signed Waiver of Liability with this form. ****

Individual Team Member's Name: _____

Phone #: (_____) _____

Address: _____

City, State, Zip: _____

Individual Team Member's Name: _____

Phone #: (_____) _____

Address: _____

City, State, Zip: _____

Individual Team Member's Name: _____

Phone #: (_____) _____

Address: _____

City, State, Zip: _____

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Individual Team Member's Name: _____

Phone #: (_____) _____

Address: _____

City, State, Zip: _____

Contact either Kerryjo.melland@gmail.com, Kelly.melland@gmail.com, or t_henderson9@yahoo.com to turn in forms.