



Topo Urban Adventure Race
Columbus
Saturday July 21, 2012
Downtown Columbus

Team Name: _____ Total Team members: _____ (1-4 are allowed)

Team Captain or Solo Racer)
Name: _____
Gender: M F Date of Birth: _____
Address: _____

E-mail: _____

Team Member 2
Name: _____
Gender: M F Date of Birth: _____
Address: _____

E-mail: _____

Team Member 3
Name: _____
Gender: M F Date of Birth: _____
Address: _____

E-mail: _____

Team Member 4
Name: _____
Gender: M F Date of Birth: _____
Address: _____

E-mail: _____

RACE FEES

Entry Fee: \$ _____
Race Fee: \$50 per person, \$75 after 7/1

Total Enclosed: \$ _____

Fill out the registration form completely and
mail it with your full check payment to

Topo Adventure Sports
3834 N. Broadlawn Circle
Cincinnati Ohio 45236

Make Checks Payable to **Topo Adventure Sports**

NOTE: Registration must be postmarked by **July 14**

One form per team. Submit total payment with the form. All information will be needed to process your registration. Contact us at info@topoadventuresports.org or 513-276-5170 with any questions.