



# Heart Of It All Adventure Race

Saturday June 2, 2012

Buck Creek State Park – Springfield Ohio

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: \$140 per person

**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 **May 1st**  
in order to receive the race T-shirt.

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](mailto:info@topoadventuresports.org) or 513-276-5170 with any questions.