

# **REGISTRATION FORM CHIQUIBUL CHALLENGE MARATHON**

## **11<sup>TH</sup> & 12<sup>TH</sup> MARCH 2017**

**Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Nationality:** \_\_\_\_\_ **Organization/Team:** \_\_\_\_\_

**Category :**      20 K      40K      Ranger Challenge

**T-shirt size:**    S    M    L    XL

**Dietary restrictions:** none    vegetarian    vegan    food allergies

**Payment:** 20 K Belizeans 150 Bz Non-residents 150 US

40 K Belizeans 200 Bz Non-residents 200 US

**Payment made via:** \_\_\_ Bank transfer to Heritage 4141053 (please email copy of deposit slip with this form to [bzwildlifeclinic@gmail.com](mailto:bzwildlifeclinic@gmail.com))

\_\_\_ Cash/check at BWRC

**WAIVER:** I hereby certify that I am physically fit to participate in this event and that I will not hold the organizers liable for any accident I may encounter or injury I may sustain from my participation in this event.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

### **For official use**

Payment received:

BIB number:

Race time:

Placement: