



ADULT RACE REGISTRATION FORM

Team Name: _____

Team Captain: _____

Captain's Phone: _____ email: _____

Team Members:

Shirt Size: (circle one)

Driver: _____ SM MED AL AXL XXL XXL

Team:

1. _____ SM MED AL AXL XXL XXL

2. _____ SM MED AL AXL XXL XXL

3. _____ SM MED AL AXL XXL XXL

4. _____ SM MED AL AXL XXL XXL

Registration fee is \$75. Please make checks payable to the Bay Springs Chamber of Commerce.

By Signing below, I affirm the I have read, understood, and agree to all rules and regulations for the HammerHead 500 race.

Signature: _____ date: _____

Signature: _____ date: _____

Signature: _____ date: _____

Signature: _____ date: _____

Signature: _____ date: _____

Please mail check and completed form to:

Bay Springs Chamber of Commerce

PO Box 702

Bay Springs, MS 39422

Thank you for your support of the Bay Springs Chamber of Commerce.

For registration and event info visit: HAMMERHEADARMOR.COM

Questions? Contact 855-HHTOUGH or BAYSPRINGSCHAMBER@GMAIL.COM

