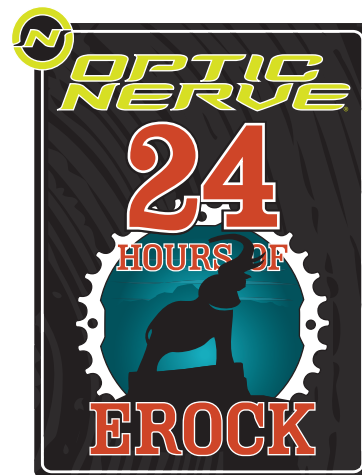


OFFICIAL 2011 REGISTRATION FORM



TEAM CATEGORY

Solo Male____ Female____

2-3 Person Male____ Female____ Coed____

4-5 Person Male____ Female____ Coed____

6-8 Person Coed only____

TEAM NAME (mandatory) _____

LIMITED ADDITION JERSEYS

Optic Nerve 24 Hours of ERock jerseys have been specially designed by ShaverSport. Online and mail-in jersey orders are \$60.00 each. Jerseys will be available for pick up at rider registration on Friday, June 3, or at the ShaverSport tent on Saturday afternoon, June 4, from 2 p.m. until 6 p.m. Any remaining jerseys will be sold at the event on Saturday afternoon at the ShaverSport tent from 2 p.m. to 6 p.m.

Please note: Jerseys will be available for pick-up under the team name, not individual names.

REGISTRATION FEES

Quantity	Items	Amount
_____	Solo - \$225 (\$235 May 23 to 31)	\$ <input style="width: 100px;" type="text"/>
_____	2-3 Person - \$385 (\$415 May 23 to 31)	\$ <input style="width: 100px;" type="text"/>
_____	4-5 Person - \$535 (\$565 May 23 to 31)	\$ <input style="width: 100px;" type="text"/>
_____	6-8 Person - \$645 (\$675 May 23 to 31)	\$ <input style="width: 100px;" type="text"/>
_____	Jersey(s) - \$60 each XS____ S____ M____ L____ XL____ XXL____ Please indicate quantity next to the sizes.	\$ <input style="width: 100px;" type="text"/>
		\$ <input style="width: 100px;" type="text"/>

TOTAL ENCLOSED

Please make checks payable and mail completed form to:

24 HOURS of EROCK

14128 Blue River Trail Broomfield, CO 80023

- All fees are non-refundable.
- A \$25 charge will be assessed for returned checks.

OFFICIAL 2011 OPTIC NERVE 24 HOURS OF EROCK ENTRY FORM (page 2)

Team Captain - mandatory

(solo, 2-3 person, 4-5 person, 6-8 person)

Last Name _____

First Name _____

Mailing Address _____

City _____

State _____ Zip _____

Day Phone _____

E-Mail (mandatory) _____

Sex _____ Age _____ (as of 6/4/10)

Team Mate #2

(2-3 person, 4-5 person, 6-8 person)

Last Name _____

First Name _____

Mailing Address _____

City _____

State _____ Zip _____

Day Phone _____

E-Mail (mandatory) _____

Sex _____ Age _____ (as of 6/4/10)

Team Mate #3

(2-3 person, 4-5 person, 6-8 person)

Last Name _____

First Name _____

Mailing Address _____

City _____

State _____ Zip _____

Day Phone _____

E-Mail (mandatory) _____

Sex _____ Age _____ (as of 6/4/10)

Team Mate #4

(4-5 person, 6-8 person)

Last Name _____

First Name _____

Mailing Address _____

City _____

State _____ Zip _____

Day Phone _____

E-Mail (mandatory) _____

Sex _____ Age _____ (as of 6/4/10)

Team Mate #5

(4-5 person, 6-8 person)

Last Name _____

First Name _____

Mailing Address _____

City _____

State _____ Zip _____

Day Phone _____

E-Mail (mandatory) _____

Sex _____ Age _____ (as of 6/4/10)

Team Mate #6

(6-8 person)

Last Name _____

First Name _____

Mailing Address _____

City _____

State _____ Zip _____

Day Phone _____

E-Mail (mandatory) _____

Sex _____ Age _____ (as of 6/4/10)

OFFICIAL 2011 OPTIC NERVE 24 HOURS OF EROCK ENTRY FORM (page 3)

Team Mate #7

(6-8 person)

Last Name _____

First Name _____

Mailing Address _____

City _____

State _____ Zip _____

Day Phone _____

E-Mail (mandatory) _____

Sex _____ Age _____ (as of 6/4/10)

Team Mate #8

(6-8 person)

Last Name _____

First Name _____

Mailing Address _____

City _____

State _____ Zip _____

Day Phone _____

E-Mail (mandatory) _____

Sex _____ Age _____ as of (as of 6/4/10)

To participate in the Optic Nerve 24 Hours of ERock, the following waiver must be signed in ink by each team member.

In consideration of my entry, I, intending to be legally bound for myself, my executors, administrator and assignees, do hereby waive and release the sponsors of this event and all persons and agencies connected with this event from all claims for damages, injuries or death, arising from my participation in and the travel to and from this event. I recognize that I may become injured or incapacitated in a location where it is difficult for management to get required medical aid to me in time to avoid physical injury or even death. I also certify that I am physically fit and adequately trained to participate in this event. I also understand and agree that a sponsor may subsequently use for publicity and/or promotional purposes my name and/or pictures of me participating in this event without obligation or liability to me. I also understand entry fees I pay are non-refundable.

Team Captain Signature
_____ Date _____

Team Mate #3 Signature
_____ Date _____

Team Mate #5 Signature
_____ Date _____

Team Mate #7 Signature
_____ Date _____

Parent or Guardian (if under 18 years of age)
_____ Date _____

Team Mate #2 Signature
_____ Date _____

Team Mate #4 Signature
_____ Date _____

Team Mate #6 Signature
_____ Date _____

Team Mate #8 Signature
_____ Date _____

Parent or Guardian (if under 18 years of age)
_____ Date _____