

Bib #:

**STOAKED Trail Race
Day-Of Race Entry Form**

All proceeds benefit the Upper Valley Trails Alliance

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____
(required)

Cell Phone: _____

Gender: (circle one) F M Other **Age:** _____ **DOB:** _____
MM/DD/YYYY

Age Group: (circle one) 11 and under 12-14 13-19 20-29 30-39 40-49 50-59 60-69 70+

Youth Registration (15-19): \$20 **Adult Registration (20+): \$25**

Additional Donation amount: \$ _____

(please make checks payable to Upper Valley Trails Alliance)

Emergency Contact Name: _____

Emergency Contact Phone: _____