



GROUP (5 or more) REGISTRATION

[COST PER INDIVIDUAL ENTRY = \$15 each *with 5 or more entries]

1. Runner's Name: _____

Parent/Guardian Email: _____

High School: _____ Year in school: _____ (9 – 12)

2. Runner's Name: _____

Parent/Guardian Email: _____

High School: _____ Year in school: _____ (9 – 12)

3. Runner's Name: _____

Parent/Guardian Email: _____

High School: _____ Year in school: _____ (9 – 12)

4. Runner's Name: _____

Parent/Guardian Email: _____

High School: _____ Year in school: _____ (9 – 12)

5. Runner's Name: _____

Parent/Guardian Email: _____

High School: _____ Year in school: _____ (9 – 12)

Payment: Please fill out this form and mail it with a **check** payable to:
American Running Association at the address below.

*Check amount: \$15 x # of entries (e.g., \$65 for 5 entries) **USE COPIES for 6 or more runners*

American Running Association
Attn: Battle of the Potomac XC08
4405 East West Hwy, Suite 405
Bethesda, MD 20814

BATTLEXC.COM