Registration Form

THE MORA CLASSIC SERIES

& Motion Series

Date:				
First Name	Middle Name	Last Name		
Address – Street		Apt.#		
City	State	Zip Code		
Date of Birth	Phone Number (Ho	ome) Area Code		
Email	(1	(Cell) Area Code		
I plan to do:				
_	Mora Classic.			
☐ The N	Motion Series.			
☐ Snake☐ Mora☐ Mora	etart with the (please check one) e River Canoe Race1st Saturd Half Marathon3rd Saturday in Bike Tour3rd Saturday in Sep oppet2nd Saturday in Februay	day May in August otember		
Participant for this cu (The fee is being charged	arrent event and the next 3 cold in order to continue this recognit	e recognized as a Classic or Motion Sonsecutive events. tion of the four events.) If mailing in the reto: The Mora Classic, PO Box 71, Mora, N	egistration,	
Signature	Date			
	ΓΙΟΝΑL <u>BUT</u> HELPFUL to mak	te The Mora Classic record keeping run sme		

If so, what was the last year you completed The Mora Classic?