

2005 Peachtree Road Race Wheelchair Division Registration Application - Due By May 22nd

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Age: _____ (as of 1/1/05) 10K Time (please include documentation): _____

Division: _____ Open Men _____ Open Women _____ Open Quad _____ Master
_____ T1 Quad _____ Junior

Have you ever competed in the Peachtree Road Race? Y N

If yes, how many years not including this year? _____

Have you ever competed in the Paralympics? Y N

If yes, what year(s) did you compete? _____

LODGING:

I have made arrangements to stay at the InterContinental Buckhead Atlanta.

I have made accommodations to stay at _____

TRAVEL ARRANGEMENTS:

I plan to drive to Atlanta

I have made my own travel arrangements to and from the airport and will not need shuttle service.

I plan to fly to Atlanta and arrive on the following date:

Date: _____ Airline & Flight #: _____ Arrival Time: _____ A.M. P.M.
(Circle one)

I plan to fly and depart from Atlanta on the following date:

Date: _____ Airline & Flight #: _____ Departure Time: _____ A.M. P.M.
(Circle one)

PRE-RACE SOCIAL:

\$7.00 per person (including athlete)

Athlete will attend

_____ Number of guests

\$_____ Total \$ enclosed for social

POST-RACE BRUNCH:

\$5.00 guests (athletes are free)

Athlete will attend

_____ Number of guests

\$_____ Total \$ enclosed for brunch

COURSE DRIVE-THROUGH VIDEO (required of all first time Peachtree Road Race Participants)

I will participate in the course drive-through video. I will NOT participate in the course drive-through video.