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| --- | --- |
| **Project DM Athlete/SAG Support Information** | **#DoEpicShit** |

\*Please submit the following information to Project DM Race Coordinators no later than 2 weeks prior to race day

|  |  |  |  |
| --- | --- | --- | --- |
| **Athlete Name** |       | **Athlete Age** |       |
| **Athlete Phone #** |       | **Email** |       |
| **Athlete Emergency Contact Name & Phone** |       |
| **Emergency Contact Relation to Athlete** |       |
| **Allergies or Medical Information we need to know about?** |       |
|  |  |
| **Kayaker Name** |       |
| **Kayaker Phone #** |       | **Email** |       |
| **Kayaker Emergency Contact Name & Phone** |       |
| **Allergies or Medical Information we need to know about?** |       |
|  |  |
| **SAG Support Driver Name(s)** |       |
| **SAG Phone #(s)** |       | **SAG Email(s)** |       |
| **Make/Model/Color of SAGE Vehicle** |       |
| **SAG Emergency Contact(s) Name & Phone** |  |
| **Allergies or Medical Information we need to know about?** |       |
| **Additional people in the SAG vehicle…Please provide their Name, Phone #, Email and Emergency Contact information** |
|  |
|  |
| **Run Support Name** |       |  |
| **Run Support Phone #** |       | **Email** |       |  | Email |  |
| **Run Support Emergency Contact Name & Phone** |  |  |
| **Allergies or Medical Information we need to know about?** |       |  |
|  |  |
| **Hike Support Name** |       |  |
| **Hike Support Phone #** |       | **Email** |       |  |
| **Hike Support Emergency Contact Name & Phone** |       |  |
| **Allergies or Medical Information we need to know about?** |       |  |