# 2018 COHO AREA KUB KAR RACE REGISTRATION FORM

## GROUP NAME: _____

| PARTICIPANT | | KUB KAR NAME | FOOD ALLERGY | ALLERGY TO WHAT |
|---|---|---|---|---|
| First Name | Last Name | | | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |

| OFFER OF SERVICE | | DUTY | FOOD ALLERGY | ALLERGY TO WHAT |
|---|---|---|---|---|
| First Name | Last Name | | | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |

DUTY: please indicate where you wish to work.

**Friday:**
Set up 6-8 pm
Food Service

**Saturday:**
Registration
Weight In
Food Services
Garage - managing the cars to be raced
Rack Track Room - assisting with the races