



NATIONAL CHAMPIONSHIPS SERIES PARTICIPATION AGREEMENT

By signing this document, the representative of the event (RD) agrees to follow the terms and conditions as described in the " Invitation to host a National Championship/ Series event".

Name of the event:

Contact info:

IAU Lable number (if applicable):

Please select :

National Championships Series event

Distance/Time event:

50K 100K 50M 100M 6 Hrs 12 Hrs 24 Hrs 48 Hrs

_____ X

Print Name:

ACU Director National Championships

_____ X

Print Name:

Race Director

"Signed copy to be scanned and e-mailed to the Director National Championships Series"