



RACE INFORMATION

Race Name _____ Race Location _____

Race Dates _____ Years Race Has Run _____

Email _____

CONTACT INFORMATION

Race Organizer (First Name) _____ Last Name _____

Contact Person _____ Cell Phone _____

Work Phone _____

Address Line 1 _____ Cell Phone _____

Address Line 2 _____

City _____ State _____ Zip _____

Email _____

Proposed Purse _____ Estimated # of Teams _____

Signature _____ Date _____

By signing, I agree to pay **\$500** Race Accreditation Fee to HNIRC. Mail cashier's check or money order to:

HNIRC
P.O. Box 5008
Pine Ridge, SD 57770

There are absolutely no refunds of accreditation fees. Accredited race organizers need to provide payout results, participant names and payout sheet ASAP by emailing to 2022c.murray@gmail.com and by mailing a hard copy to: HNIRC, P.O. Box 5008, Pine Ridge, SD 57770

PHOTOS: HNIRC, or representative of, may take pictures and/or video of this event to be used for Marketing and/or Advertising without prior notice.