

Photograph

Registration Form

Last Name: _____ First Name: _____

Address: _____

City: _____ Zip Code: _____

Country: _____

Home phone: _____

Work phone: _____

Fax : _____

Email : _____

Birthdate: _____ Male / Female

Citizenship: _____ Profession : _____

Names of the participants for team classification :

I, undersigned, accept and acknowledge to having read the Totem Pole Race regulations, and commit myself to abide by them.

Date and signature

Send this registration form with the deposit amount of 400 Euros to Western Horizon

I certify, Doctor _____

that the current state of Mr or Ms _____

will permit him or her to participate in 6 consecutive days of foot cross-country races totaling approx. 200 km (5 X 30 km plus one marathon).

(Total 120 miles, 5X18 miles plus 30 miles).

For all participants over 40, before enrollement, a physical endurance test is recommended.

date and signature.