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| TIME TRIAL | ROAD RACE |
| June 29 | June 30 |
| ≈ 10 miles | ≈ 19 or 38 miles |
| Registration opens 11 AM | Registration opens 8:30 AM-ish |
| First rider off 12:30 PM | Racers off ≈ 10:30 AM |

WASBURN WISPORT CHALLENGE

TIME TRIAL & BIKE RACE

June 29-30, 2024

Washburn, WI

**DAY-OF TT REGISTRATION: Bayview Town Hall; Maki Road. Washburn, WI  
DAY-OF RACE REGISTRATION: THE CLUB @ 3 West Bayfield St.**

**Washburn, WI 54891**

**COST [no extra day-of costs!]:**

**TT: $30 per rider**

**RR $40 per rider $60 per rider FOR BOTH! ($10 discount)**

**$15 for all juniors, per race (under 18) or $20 for both events**

**Awards for 1st place overall Male & Female; 1st- 3rd place given for age groups in 5-year increments (e.g.: 20-24, 25-29, etc.)**

**Hosted by Wisport and Sponsored by Tamarack Health—part of Tamarack Health Cycling Cup**

**www.wisport.net**

**Registration available online at MidwestEvents.com**

**WASHBURN WISPORT CHALLENGE BIKE RACE REGISTRATION FORM**

**Make Check payable to WISPORT (or ANDREA POTYONDY-SMITH)**

**Send to: 910 West Bigelow St. Washburn, WI 54891**

**Phone: 763-639-5126 or 763-898-6065 (RJ) Email:** [**adurene@hotmail.com**](mailto:mellen001@centurytel.net)

**Last Name First Name Phone Number**

**Address City State Zip Code**

**Age:\_\_\_\_\_\_ DOB (mm/dd/yy):\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender (M/F):\_\_\_\_\_\_\_\_**

**CHECK ONE: Time Trial \_\_\_\_\_\_\_ Road Race\_\_\_\_\_\_\_ BOTH Events \_\_\_\_\_**

**Are you a WiSport Member? (circle one) YES NO If Yes, ID #:\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_TT ($30) \_\_\_\_\_RR ($40) \_\_\_\_\_BOTH ($60)**

**\_\_\_\_ Junior Single Event ($15) \_\_\_\_\_ Junior Double Event ($20)**

**WAIVER:** By signing this form, I acknowledge I plan to participate in the Washburn Wisport Challenge Bike Race and Tour; I thereby waive, release, and dismiss all claims from damages and personal injury which I may incur before, during, or after the above named event(s) against any and all race officials involved with this event(s), including all persons and organizations any way involved with this event(s). I also hold harmless Bayfield County, WI, and the townships of Washburn & Bayview, WI, including all their departments and officers. I further certify that I am physically fit to participate in the Washburn Wisport Challenge Classic Race and Tour.

**Signature of Participant Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent, if under 18 Date**