



**WASBURN WISPORT  
CHALLENGE  
TIME TRIAL & BIKE  
RACE**

**June 21-22,  
2025  
Washburn, WI**

<b>TIME TRIAL</b>	<b>ROAD RACE</b>
<b>June 21</b>	<b>June 30</b>
<b>≈ 20 miles</b>	<b>≈ 21 or 36 miles</b>
<b>Registration opens 11 AM</b>	<b>Registration opens 8:30 AM-ish</b>
	<b>Racers off ≈ 10:30 AM</b>

**DAY-OF TT REGISTRATION ONLY: 910 West Bigelow St. Washburn, WI**  
**EVENT TAKES PLACE ON FIRE ROAD 237—IT IS A WILDCAT EVENT\***  
**DAY-OF RACE REGISTRATION: THE CLUB @ 3 West Bayfield St.**  
**Washburn, WI 54891**

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

**TT: \$5 + a donation amount of your choice for Helping Paws Pet Rescue**

**RR \$40 per rider or \$15 per junior**

**Awards for 1<sup>st</sup> place overall Male & Female; 1<sup>st</sup>- 3<sup>rd</sup> 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](http://www.wisport.net)**

**Registration available online at [MidwestEvents.com](http://MidwestEvents.com)**

**\*Wildcat events have an open start/finish window. Times must be turned in back to the registrar by 2 PM. There will be a volunteer at the turnaround from 12 -1:30 PM**

# 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:adurene@hotmail.com)

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Last Name	First Name	Phone Number
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Address	City	State	Zip Code
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Age: \_\_\_\_\_ DOB (mm/dd/yy): \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

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

\_\_\_\_\_ RR (\$40) \_\_\_\_\_ Junior RR (\$15)

**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.

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