

Port Orchard Street Scramble

Sponsored by Harrison Medical Center

Saturday, June 26th starts at 9:30am
90 minute or 3 hour race-you choose!

Starts at Kitsap Bank, 619 Bay St. Port Orchard
Pre-Registration Form Individuals or Teams

\$5 per person or \$20 'family' Category teams* of 4 or more
One form per team or solo participant. Maximum 5 per team.

*A family category team: team that has at least one member age 12 or under

Name _____ Gender: F M
Address _____
City, State, Zip _____
Phone _____ Date of Birth _____
Email _____

Primary registrant

Team Name _____ FOOT or BIKE
(circle one)

Additional team mates being registered at this time:

1. Name _____ Date of Birth _____ Gender: F M
Email _____ City _____

2. Name _____ Date of Birth _____ Gender: F M
Email _____ City _____

3. Name _____ Date of Birth _____ Gender: F M
Email _____ City _____

4. Name _____ Date of Birth _____ Gender: F M
Email _____ City _____

Check any that apply to your team:
 Corporate: team with members from or representing a company
 Team has children 12/under traveling under their own power
 Please list age of youngest child traveling under her/his own power _____

Make checks payable to Port Orchard Chamber. Or pay by credit card (VISA/Mastercard)
 Total enclosed \$ _____ Name on card _____
 Card # _____
 Exp. _____ Signature _____
 Mail to: PO Chamber, 1014 Bay St. #8, Port Orchard, WA 98366.
 Or fax with credit card info to 360-895-1920 **Postmark by June 21 st.**
 Event details at www.portorchard.com or www.StreetScramble.com.
 360-876-3505 or office@portorchard.com

Port Orchard Street Scramble

Sponsored by Harrison Medical Center

Saturday, June 26th starts at 9:30am
90 minute or 3 hour race-you choose

Starts at Kitsap Bank, 619 Bay St. Port Orchard
Pre-Registration Form Individuals or Teams

\$5 per person or \$20 'family' Category teams* of 4 or more
One form per team or solo participant. Maximum 5 per team.

*A family category team: team that has at least one member age 12 or under

Name _____ Gender: F M
Address _____
City, State, Zip _____
Phone _____ Date of Birth _____
Email _____

Primary registrant

Team Name _____ FOOT or BIKE
(circle one)

Additional team mates being registered at this time:

1. Name _____ Date of Birth _____ Gender: F M
Email _____ City _____

2. Name _____ Date of Birth _____ Gender: F M
Email _____ City _____

3. Name _____ Date of Birth _____ Gender: F M
Email _____ City _____

4. Name _____ Date of Birth _____ Gender: F M
Email _____ City _____

Check any that apply to your team:
 Corporate: team with members from or representing a company
 Team has children 12/under traveling under their own power
 Please list age of youngest child traveling under her/his own power _____

Make checks payable to Port Orchard Chamber. Or pay by credit card (VISA/Mastercard)
 Total enclosed \$ _____ Name on card _____
 Card # _____
 Exp. _____ Signature _____
 Mail to: PO Chamber, 1014 Bay St. #8, Port Orchard, WA 98366.
 Or fax with credit card info to 360-895-1920 **Postmark by June 21 st.**
 Event details at www.portorchard.com or www.StreetScramble.com.
 360-876-3505 or office@portorchard.com