

# 2021 Wild Mayo Ultra Team Details

Please fill in all fields in capital letters, this form **MUST** be completed and handed in at Vehicle check evening.

Event 300 \_\_\_\_\_ Y/N

650 \_\_\_\_\_ Y/N

Team Name	Team Race No	Cycling Ireland Member	Team Format	Solo or 2person	Ci Licence Number	Start Time
Rider 1 Name Block Caps		Y/N				Emergency contact Name and Number
Rider 2 Name Block caps		Y/N				Emergency contact Name and Number
Crew chief	Contact No	Y/N				
Navigator	Contact No	Y/N				
Other	Contact No	Y/N				

If taken part in the 300k unsupported please give details of next of kin and one other person that can be contacted in case of emergency: \_\_\_\_\_

Alternate person \_\_\_\_\_

Any other contact information you feel we need to know, eg, shuttle car driver name & number please write below.

\_\_\_\_\_