

IWAKUNI FRIENDSHIP RELAY MARATHON

REGISTRATION FORM

Submit this form and make a payment in yen at any IronWorks facilities by October 31.

Team Name: _____

Team Captain Information

Name:

Telephone:

Email:

Team Category (5-15 people per team)

Open	Women	Kids One to two parents must participate	Families Up to three families per team	Colleagues	International Japanese & foreign nationals
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Team Member Information - Please include Team Captain

Full Name:	Age:	Full Name:	Age:	Full Name:	Age:
Full Name:	Age:	Full Name:	Age:	Full Name:	Age:
Full Name:	Age:	Full Name:	Age:	Full Name:	Age:
Full Name:	Age:	Full Name:	Age:	Full Name:	Age:
Full Name:	Age:	Full Name:	Age:	Full Name:	Age:

Ages 16 & Older: ¥2,000

Ages 6-15: ¥1,200

Total Team Fee: _____

I agree to make my team members abide by all decisions of event officials.
I read and understand the contents of the rules and policies for the Iwakuni Friendship Relay Marathon located at kizunarelay.com/en/

Team Captain Signature: _____

Date: _____