



## 2017 Monster Series "Away Option"

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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

### Check the event you are not able to participate in:

#### Polar Dash

Mt. Everest \_\_\_ Yeti \_\_\_ ½ \_\_\_  
10K \_\_\_ 5K \_\_\_ 1700M \_\_\_

#### Get Lucky

21K The Hard Way \_\_\_ ½ \_\_\_  
14K \_\_\_ 7K \_\_\_

#### Tiki Run

Tiki Challenge \_\_\_ ½ \_\_\_ 10K \_\_\_  
5K \_\_\_

#### Minnesota Duathlon

Duathlon \_\_\_ 5K \_\_\_ Relay \_\_\_

#### Minnesota Triathlon

Duathlon \_\_\_ (3 person) Relay \_\_\_

#### Women Rock

Marathon \_\_\_ Super Starlet \_\_\_ Starlet \_\_\_  
½ Marathon \_\_\_ 10K \_\_\_ 5K \_\_\_ 2.5K \_\_\_

#### Monster Dash

½ Marathon \_\_\_ 10 Mile \_\_\_ 10K \_\_\_  
5K \_\_\_

#### Series

\$20 for jacket + medal

### Please select the City where your race will take place

Minnesota \_\_\_\_\_ Chicago \_\_\_\_\_

***"Away Option" requests must be received within two weeks of the date of the race. Once received we will mail you the race medal/medals.***

***Please Send a check for \$15.00 per race (for medals, add \$15) along with this completed form to:***

***Team Ortho Foundation  
PO BOX 490  
Rosemount, MN 55068***

Check Number \_\_\_\_\_

Check Amount \_\_\_\_\_

Date Received \_\_\_\_\_