



3900 Norwood Drive Littleton, CO 80125 www.smhsbd.com

Name: _____ Age: _____

Date of Birth: _____ Height: _____ Weight: _____

Address, City & Zip Code: _____

Phone Number: _____ Email address: _____

Which Division will you be racing in? Super Kids Division _____

What Sertoma Club are you driving for? _____

Gender: Girl _____ Boy _____ Is this your first race? _____

Number of years racing: _____

Name of School: _____ Grade Level: _____

Favorite Subjects: _____

Hobbies, special interests, achievements: _____

What do you like most about the Soap Box Derby program? _____

How did you learn about the Soap Box Derby program? _____

Is there anything else you would like to say about yourself? _____

T-shirt size: YS _____ YM _____ YL _____ Adult S _____ Adult M _____ Adult L _____ Adult XL _____

Registration Fee: \$50.00

Mail registration, copy of birth certificate and entry fee to:
Sertoma Mile High Soap Box Derby
3900 Norwood Drive
Littleton, CO 80125

This portion is to be filled out by Sertoma Mile High Soap Box Derby personnel.

Entry fee received? Yes _____ No _____ Date _____

Copy of Birth Certificate received? Yes _____ No _____ Date _____ Race Number Given _____

Signed Release Waiver received? Yes _____ No _____ Date _____

All American form received? Yes _____ No _____ Date _____