

ASTAR Registration Form

Please complete the following. **There is a \$25.00 donation or pledge minimum to participate.** You will receive a free tee-shirt prior to the start of your ASTAR leg. For credit card donations, please visit our website at www.alaskastar.org. Please make checks payable to ASTAR and mail to FOAST at PO Box 100280 Anchorage, AK 99510 please attach a printed copy of this registration form.

Name: _____

Email: _____

Contact Phone Number: _____ Age: _____

Law enforcement agency you are affiliated with: _____

How are you affiliated: _____

Leg Choices: Identify each leg you wish to participate in. You are not limited to the number of legs. You will need to provide your own equipment for all legs selected with the exception of leg # 11 (Rafting) and # 18 (Handcar). **The participant is also responsible for their own transportation to and from the checkpoints.**

The Number of legs you would like to participate in: _____

1st Choice- Leg # _____ Description: _____

2nd Choice - Leg # _____ Description: _____

3rd Choice- Leg # _____ Description: _____

4th Choice- Leg # _____ Description: _____

5th Choice- Leg # _____ Description: _____

(List additional legs on back)

*Legs 11 and 18 are limited in numbers. Participants who request those legs will be contacted for availability.

Please list all family members who area also attending ASTAR with you.

Please note: Each participant will need to complete their own registration form.

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

You will be required to complete a disclaimer form before participating in ASTAR. Please view the disclaimer at www.alaskastar.org and sign below. You can also find the pledge forms and training regimen on the website

Yes, I have read the disclaimer and understand my responsibilities with participation in ASTAR.

Signature (Participant or Guardian): _____ Date: _____

Printed Name: _____ Date: _____