

ROUTE 66 ULTRARUN 2025 FORMS

Please print and FILL OUT these forms BEFORE coming to check in between 3:30-5:00PM on Friday, November 7, 2025 at St. Francis Catholic Church, 22440 Schoeney Avenue, Seligman, AZ 86337.

- **CHECK IN FORM**

This form is really just to identify your vehicles.

- **MEDICAL INFORMATION FORM**

Each Crewed Runner, crew member, Journey Runner, Relay Team member, and volunteer must complete this form. Keep your form with you at all times during the race. If you need any medical care from our team or first responders

IN ADDITION

Each runner and each team MUST show one hard copy of the
ROUTE 66 ULTRARUN ROUTE DESCRIPTION AND RESOURCES
document at check in.

This document must be kept in the crew/team vehicle at all times.

NIGHT GEAR

Each runner and each team MUST show
NIGHT GEAR FOR RUNNERS, CREW, and TEAM MEMBERS
at check in, including reflective vests, headlamps,
and red blinky lights for front and rear.

RUNNER CHECK-IN FORM

ONE form per runner – or – ONE form per Team.

Runner/Team Name: _____ Runner/Team #: _____

Number of Crew Members/Team Size: _____ Number of Support Vehicles: _____

Each Crewed Runner must be accompanied by a support crew comprised of at least one four-wheeled motor designated crew vehicle, and an optional shuttle vehicle, with no more than four crew/6 team members. One person must be legally licensed to drive and at least one should speak English. Two crew/team members should be with the runner; one may be serving as a pacer and one in the crew/team vehicle.

Main Crew Vehicle

Make: _____ Model: _____

Color: _____ License: _____

Secondary Shuttle Crew Vehicle

Make: _____ Model: _____

Color: _____ License: _____

MEDICAL INFORMATION FORM

Each Crewed Runner, crew member, Journey Runner, Relay Team member, and volunteer must complete this form.

While we certainly hope no one will need first-aid type medical help from our medical team, nor emergency medical response (EMR) from any of the first responders that are always willing to respond in the case of any emergency, we want those folks to have key medical information that may guide or alter their treatment. In respect of your privacy, rather than having race staff holding this information in some remote location along the course, it is most practical and important to:

Have your medical form with you at all times during the race

Name: _____ Date of Birth/Age: _____

Significant Medical History and Information:

Any medical implants, pace makers, hardware; blood type if you know it; any religious limitation regarding treatment; or anything else you feel is important to share with your team and first responders.

Significant Medical Conditions:

Include things like allergies (medications, food, bee stings, etc.). Race medical will not have EpiPens, so:

If allergies are severe, location of your EpiPens!

If you have asthma: location of your rescue inhaler.

Other conditions you feel are important to share with your team and first responders.