ROUTE 66 ULTRARUN 2026
CHECK IN FORMS AND REQUIREMENTS

Please print and FILL OUT these forms and have this documentation, signage, and equipment ready BEFORE coming to check in between 2:00-5:00PM on Friday, November 13, 2025 at the Seligman High School, 54170 N Floyd St, Seligman, AZ 86337.

- VEHICLE INFORMATION FORM AND REQUIRED SIGNAGE
  Each Crewed Runner, Relay Team, and volunteer must complete this form and turn it in at check in. You MUST show pictures of your vehicle with the TWO **REFLECTIVE** BIB NUMBERS and FOUR runner or relay team NAME and BIB NUMBER on your vehicle AT CHECK IN. You will not be allowed to participate in the race until all signage is on your vehicle(s)

- NIGHT GEAR FOR EVERYONE
  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.

- MEDICAL INFORMATION FORM
  Each Crewed Runner, crew member, Journey Runner, Relay Team member, and volunteer must complete this form and show it at check in. Keep your form with you at all times during the race. If you need any medical care from our team or first responders you will show them your form.

- RULES
  Each runner and each team MUST show one hard copy – or a downloaded digital version – of the race RULES at check in. This document must be kept in the crew/team vehicle at all times.

- ROUTE DESCRIPTION AND RESOURCES
  Each runner and each team MUST show one hard copy – or a downloaded digital version – of the race ROUTE DESCRIPTION AND RESOUCES. This document must be kept in the crew/team vehicle at all times.

VEHICLE INFORMATION FORM
AND REQUIRED SIGNAGE

ONE form per Crewed Runner, Volunteer – 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 people, or 5 relay team members for the 100 mile race, or 6 team members for the 140 mile race. One person must be legally licensed to drive and at least on 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.

VEHICLE SIGNAGE

Vehicles must have TWO **REFLECTIVE** BIB NUMBERS on the back, lower left rear window and the very back side window on the driver side. These numbers must be at least+ FIVE (5) INCHES TALL.

Vehicles must also have the runner's or relay team NAME and BIB NUMBER at least FIVE (5) INCHES TALL on all FOUR (4) sides of the vehicle(s).

Two REFLECTIVE numbers and four NAME and BIB NUMBERS must be on your vehicle at check in, with photographic proof shown. Two CAUTION RUNNERS ON ROAD signs will be provided at check in, and must be placed on the front of your vehicle(s) before the start of the race.

See the race Rules for more information.

Main Crew/Relay Team Vehicle

Make: _____ Model: _____

Color: _____ License: _____

Secondary Shuttle Crew/Relay team 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.