

ROUTE 66 ULTRARUN 2026 CHECK IN FORMS AND REQUIREMENTS

You need to bring the following items to check-in 2PM–5PM Friday, November 13, 2025 at the Seligman High School, 54170 N Floyd St, Seligman, AZ 86337.

Completed Vehicle Information Form

Each Crewed Runner, Relay Team, and volunteer must complete this form and turn it in at check-in. See Required Signage ALREADY ON Vehicles(s) and Photo PROOF for details about required vehicle signage you must have on your vehicle(s) BEFORE you come to check-in.

Completed 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.

Race Rules

Each runner and each team MUST show one hard copy of the race RULES at check in. This document must be kept in the crew/team vehicle at all times. Journey Runners ONLY may have a digital download of the rules.

Route Description And Resources

Each runner and each team MUST show one hard copy of the race ROUTE DESCRIPTION AND RESOURCES. This document must be kept in the crew/team vehicle at all times. Journey Runners ONLY may have a digital download of this document; we suggest a hard copy of the TURN SHEET.

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.

Required Signage ALREADY ON Vehicles(s) and Photo PROOF

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).

Cash for Additional People at Awards Banquet, if Applicable

If you have not already paid for a third or possibly fourth crew member through UltraSignup, bring cash with you to check-in for a **late fee cost \$75** per person. With prior approval from your RDs, you may also pay for additional guests at the Awards Banquet **late fee cost \$75** per person.



VEHICLE INFORMATION FORM AND REQUIRED SIGNAGE

ONE form per Crewed Runner, ONE per Relay Team or ONE per Volunteer must be completed and turned in at check-in .

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 crew vehicle, and may have optional shuttle vehicle, with at least two and no more than four crew people. Relay Teams must have at least one four-wheeled vehicle, and may have optional shuttle vehicle. Teams may be 3-6 people for the 140-mile race or 3-5 people for the 100-mile race. One person must be legally licensed to drive and at least one should speak English.

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 vehicles.

The two REFLECTIVE numbers and four NAME and BIB NUMBERS must be on the vehicles BEFORE 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 and back 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 and show it at check-in.

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.

