

# 2017 Cannonsburg Wednesday Night Adult Race League Registration Form

Team Name: \_\_\_\_\_

Team Sponsor: \_\_\_\_\_

Sponsor Address: \_\_\_\_\_

Sponsor Phone Numbers: **(H)** \_\_\_\_\_ **(B)** \_\_\_\_\_

Team Captain: \_\_\_\_\_

Captain's E-Mail Address: \_\_\_\_\_

Captain's Address: \_\_\_\_\_

Captain's Phone Numbers: **(H)** \_\_\_\_\_ **(B)** \_\_\_\_\_  
**(C)** \_\_\_\_\_

Team Prizes: **1st** \_\_\_\_\_ **2nd** \_\_\_\_\_ **3rd** \_\_\_\_\_

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**Team must have minimum of 4, but no more than 10 racers.**

### Team Roster Information

No.	Printed Name	Gender	Bib No.	Paid
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

### For Office Use Only

Date \_\_\_\_\_ Amount paid \_\_\_\_\_ Initials \_\_\_\_\_

*DATE PRIZES RECEIVED* \_\_\_\_\_