



2020 Adult Race League Registration

Team Name: _____

Team Sponsor: _____

Sponsor Address: _____

Sponsor Phone: _____

Team Captain: _____

Captain's Phone: _____

Captain's Address: _____

Prizes

1st: _____ 2nd: _____ 3rd: _____

Teams must have a minimum of 4, but no more than 10 racers.

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

..... • **Office Use Only** •

Date _____ Amount Paid _____ Initials _____ Date Prizes Received _____