



## 2024 Adult Race League Registration Form

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

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

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

Sponsor Phone Numbers: (H) \_\_\_\_\_ (C) \_\_\_\_\_

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

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

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

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

Team Prizes:

(2) Prizes with a minimum value of \$30.00

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Team must have a minimum of 4, but no more than 10 racers. One must be Female.

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 \_\_\_\_\_

Prizes Received \_\_\_\_\_