FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2018 CWCS TEAM ENTRY FORM

Company(Team) Name: _____

Company Address: _____

_____

Team Captain:_____ Phone:_____

E-mail: _____

I certify that all entrants listed below are employees of the company named above. (If applicable)

_____ _____
Signature Date

Team Roster
Include team captain and all team members. This form **does not register** members. All members must fill in an official race registration form either online, by mail, or calling the YMCA 695-4467. Only 25 members to a team please.

Name (as given on registration form)	Age group	M/F
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please use back of page for additional names