

2009 Race for the Cure® Team Registration Form



Business/Organization Name: _____

Team Captain: _____

Daytime Telephone # _____ e-mail: _____

Total Team Participants: _____

Total # Employees/Members in Org: _____

(for team award purposes)

Sheet # _____ of _____

	NAME	RACE (5K, 1 Mile)	SLEEP IN FOR THE CURE	T-SHIRT SIZE (Adult S-3XL, Youth Med)	SURVIVOR (YES/NO)	FEE	DONATION
1							
2							
3							
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						\$ -	\$ -
						\$ -	\$ -

Feel free to make copies as needed for additional team members