

BEDFORD SUNRISE ROTARY

RACE SERIES



TEAM REGISTRATION FORM

ORGANIZATION NAME: _____

STREET ADDRESS _____ STATE _____

CITY _____ ZIP _____

TEAM CAPTAIN _____ PHONE _____

EMAIL ADDRESS _____

I certify that all team members listed below are employees, members or volunteers affiliated with the organization named above. As team captain, I will ensure each team member understands and follows the rules of the Bedford Sunrise Rotary Race Series.

CAPTAIN SIGNATURE _____ DATE _____

TEAM ROSTER

Include team captain and team members below, maximum of ten (10) per team. This form registers your team for the team competition portion of the race series. This form **does not register members** for individual races. Individual registration can be completed in person on the day of the event or by going online to the race series webpage at: (bedfordsunriserotary.org/rotary-race-series).

	AGE GROUP	TEAM MEMBER NAME	M / F
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Questions can be directed to Michael Lamb at mlamb@wesselcpa.com or (814)623-1403.