



# TEAM ENTRY FORM

Team: \_\_\_\_\_ Men  Ladies

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Race Name: \_\_\_\_\_ Race Date(s) \_\_\_\_\_

Member Number	Name LAST, First	Class/ YOB	Gender	EVENTS					Amount Paid
				DH	SL	GS	SG	AC / K	

Coaches/Trainers Accompanying Team: \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_