

The Annual Youth Scholarship Team Challenge

Team Registration & Roster

Company Name: _____ Team Name: _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Each team must have a minimum of 6 participants. Maximum of 12 participants.

	Name (please print)	Address	Phone #	Shirt Size
1	Team Captain			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Team Fee: \$350.00

Payment Type: Check # _____ Visa _____ Mastercard _____ Discover _____

Credit Card # _____ Expiration # _____

Amount of Payment _____ Signature of Cardholder _____

Informational team packets containing event descriptions and rules will be sent out to registered teams at a later date. Please mail or fax your completed team registration/roster form and payment by October 12, 2012 to:

The Centre – Attention Liz
100 Symphony Way. Elgin IL, 60120