



Team Registration Form

Emergency Services Tug-of-War Competition

Registered Charity No: 82806768RR0001

50 Steeles Avenue East, Unit #8
 Milton, Ontario L9T 4W9
 Tel: 905-854-5837
 Fax: 905-854-3637
 www.corporateadventurechallenge.com
 info@corporateadventurechallenge.com

Saturday, October 20, 2012 8:00am-5:30pm

| TEAM INFORMATION | | | | | | | | | | |
|---------------------|-------------|----------------------|--|-------------------|---------------------|--------------|----|---|---|---|
| Team Name: | | | | | Date: | | | | | |
| Team Members: | NAME | EMAIL ADDRESS | | | T-SHIRT SIZE | 2XL | XL | L | M | S |
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| CONTACT INFORMATION | | | | | | | | | | |
| Team Captain: | | | | | | | | | | |
| Address: | | | | | Unit #: | | | | | |
| City: | | | | Province: Ontario | | Postal Code: | | | | |
| Bus Phone: | | Ext: | | Home Phone: | | Cell: | | | | |
| Email Address: | | | | | | | | | | |

- All competitors must be a minimum of 18 years of age to participate.
- Each Team must have eight (8) members with a minimum of two (2) female competitors. All female Teams are welcome.
- Team Registration Forms must be submitted along with the Team Entry Fee of \$50.00 per person (\$400.00 per Team) before any Team is officially registered.
- All Teams will receive an email confirmation of Registration.
- All cheques for Team Entry fees should be made out to the Challenge Family & Community Foundation.
- Awards will be presented to the top three Teams.
- All participants will be required to complete a Release Waiver prior to the start of the Competition.
- Teams will be required to submit a final Team Roster by Friday, October 19, 2012. Once submitted, Teams may not change and/or substitute the name of any Team member.
- All competitors are expected to compete in the spirit of friendly competition and respect the rules of the event.
- Team Captains must RSVP for the Challenge Reception by no later than Friday, August 31, 2012.

Thank You for your participation.

Deadline for Registration Forms is **Friday, October 19, 2012.**

| | | |
|---------------------------|-----------|-------|
| Authorization: | | |
| _____ | _____ | _____ |
| PRINT NAME (Team Captain) | SIGNATURE | DATE |

Fax Completed Registration Forms to 905-854-3637