



Registration Form 2008

FAMILY/TEAM NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ E-mail _____

Please complete the table below with information from each family member on your team.

Name (first and last)	Relationship (for example, Mom, Dad, brother, sister)	Age	Race
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Please write the name of the family member(s) that will attend the February 16th Kick off from 9 -11 am at Catawba Valley Medical Center AHEC room.

FOR OFFICIAL OFFICE USE ONLY

Number: _____ Date Dropped Off: _____ Time: _____ Paid \$10: _____