

2009 Chequamegon Woods to Water Relay
Website Team Entry Form

Name of Team _____

From (city) _____ State _____

Manager's Name _____

Phone (day) _____ (night) _____

Address _____

City _____ State _____ Zip _____

E-mail address _____

Category:

Open _____ Women _____ Mixed _____ Collegiate Team _____

Entry fee is \$280.00 if registered by April 30th and \$320.00 thereafter.

Send check or money order, payable to *Chequamegon Woods To Water Relay* with completed entry form to:

Chequamegon Woods To Water Relay,
c/o MainStreet Clinic, 1001 W. Main St. Ashland WI 54806

I understand, in my role as team manager, I am responsible for providing team members with copies of information sent to me by the race directors. I will ensure all runners for this team sign the required waiver, and that they understand the official rules governing the relay.

Team manager signature _____

Date _____

There will be no refund once the entry has been accepted.