

# Team Competition Form

Friday, October 18, 2019



## Packet Pick-up Information:

Wednesday and Thursday, October 16-17, 2019

8:00 a.m. - 6:00 p.m.

Orange County Convention Center - West Building

## Race Day Information:

Friday, October 18, 2019 | Dad Miller Golf Course

7:00 a.m. Race Start

7:45 a.m. Awards Ceremony

## Registration Information

If registering a team and paying with one check or credit card payment please complete this form and return with payment to Center for Growing Talent, P.O. Box 6036, Newark, Delaware 19714.

If team members are paying individually please have each team member register separately with a credit card online by visiting [www.CenterforGrowingTalent.org](http://www.CenterforGrowingTalent.org). They will enter team name during registration process.

\*For more information contact Michele Hoffman at [mhoffman@centerforgrowingtalent.org](mailto:mhoffman@centerforgrowingtalent.org) or 302-607-2190.

Team Name \_\_\_\_\_ Company Name \_\_\_\_\_

Team Captain \_\_\_\_\_ Team Captain Email \_\_\_\_\_

Printed Name (first,last) \_\_\_\_\_ Email Address \_\_\_\_\_

Male or Female \_\_\_\_\_ Age on Race Day \_\_\_\_\_ Birthdate \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Printed Name (first,last) \_\_\_\_\_ Email Address \_\_\_\_\_

Male or Female \_\_\_\_\_ Age on Race Day \_\_\_\_\_ Birthdate \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Printed Name (first,last) \_\_\_\_\_ Email Address \_\_\_\_\_

Male or Female \_\_\_\_\_ Age on Race Day \_\_\_\_\_ Birthdate \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Printed Name (first,last) \_\_\_\_\_ Email Address \_\_\_\_\_

Male or Female \_\_\_\_\_ Age on Race Day \_\_\_\_\_ Birthdate \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

|                           |                 |               |              |
|---------------------------|-----------------|---------------|--------------|
| Printed Name (first,last) |                 | Email Address |              |
| Male or Female            | Age on Race Day | Birthdate     | T-Shirt Size |

  

|                           |                 |               |              |
|---------------------------|-----------------|---------------|--------------|
| Printed Name (first,last) |                 | Email Address |              |
| Male or Female            | Age on Race Day | Birthdate     | T-Shirt Size |

  

|                           |                 |               |              |
|---------------------------|-----------------|---------------|--------------|
| Printed Name (first,last) |                 | Email Address |              |
| Male or Female            | Age on Race Day | Birthdate     | T-Shirt Size |

  

|                           |                 |               |              |
|---------------------------|-----------------|---------------|--------------|
| Printed Name (first,last) |                 | Email Address |              |
| Male or Female            | Age on Race Day | Birthdate     | T-Shirt Size |

  

|                           |                 |               |              |
|---------------------------|-----------------|---------------|--------------|
| Printed Name (first,last) |                 | Email Address |              |
| Male or Female            | Age on Race Day | Birthdate     | T-Shirt Size |

  

|                           |                 |               |              |
|---------------------------|-----------------|---------------|--------------|
| Printed Name (first,last) |                 | Email Address |              |
| Male or Female            | Age on Race Day | Birthdate     | T-Shirt Size |

**Payment Information:**

Number of Participants \_\_\_\_\_ x \$40.00 = \_\_\_\_\_ Total Amount

Check *(Please make payable to the Center for Growing Talent.)*

Credit Card     Visa     MasterCard     American Express

Card #

Name on Card \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

**Please return this form and payment to:**

Center for Growing Talent  
P.O. Box 6036  
Newark, Delaware 19714



# Waiver

**Waivers must be received prior to receiving your runners bib. Please return this signed waiver during the packet pick up process.**

In exchange for participating in the activity known as the Center for Growing Talent 5K Race for Talent, herein after referred to as the "Event", I and my heirs, executors, and assignees do hereby release and hold harmless the Center for Growing Talent, their agents, employees and related companies for any and all liability which I may sustain as a result of participation in the Event. I understand that participation in the Event may result in injury to my person. This release is binding upon me, my heirs, executors, and assignees whether or not such injury is a result of my own negligence or the negligence of others. I have read this release, understand it, and agree to it.



Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_