

Saturday, March 21<sup>st</sup> 2020

Presented By

Hayward Area Memorial Hospital & Water's

Edge

Hayward Area  
Memorial Hospital  
& Water's Edge

*Right here in the place we love.*



# TEAM CHALLENGE

**NOTE: TEAM BIB PICKUP IS FRIDAY, MAR 20TH, 3PM - 5PM**

**TEAM REGISTRATION FORM**

TEAM NAME: \_\_\_\_\_

**2ND TEAM MEMBER**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male:  Female:  \_\_\_\_\_

SHIRT SIZE

**3RD TEAM MEMBER**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male:  Female:  \_\_\_\_\_

SHIRT SIZE

**4TH TEAM MEMBER**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male:  Female:  \_\_\_\_\_

SHIRT SIZE

**5TH TEAM MEMBER**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male:  Female:  \_\_\_\_\_

SHIRT SIZE