



# TEAM CHALLENGE

Saturday, March 16, 2019

Presented By  
Hayward Area Memorial Hospital & Water's Edge  
AND Timber Ford of Hayward



Hayward Area  
Memorial Hospital  
& Water's Edge  
*Right here in the place we love.*



Commitment Driven & Community Focused

NOTE: TEAM BIB PICKUP IS FRIDAY, MAR 15TH, 3PM - 5PM AT OUTDOOR VENTURES

## 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