McLaren Brooksie Way Team Challenge

Category: **Please see belo	ow if you are not s	ure which one to selec	ct**		
CORPORATE:	OPEN:				
Distance: HALF MARATHON:1	0K:5K:				
Cost: \$75 until 5/31/19 \$80 PLEASE NOTE-This form	•	•	ation)		
Team Name:					
Team Captain:					
Address:					
Daytime Phone: ()	1	Fax Number:()_			
E-Mail Address					
		<u>EMBERS</u>			
1	Age	6	Age		
2	Age	7	Age		
3	Age	8	Age		
4	Age	9	Age		
5	Age	10	Age		

To qualify for CORPORATE at least 75% of your team must be employed by the same company. All other teams select OPEN. For more official rules please refer to the Brooksie Way website under TEAM CHALLENGE.

For questions, please e-mail Liz Magulick at magulickliz@thebrooksieway.com

Mail entry form & individual race entries in one packet to:

The Brooksie Way Team Challenge Liz Magulick P.O. Box 81576 Rochester, MI 48308

FAX: (248) 266-6293