TEAM ENTRY FORM

Team: _____ Men ☐ Ladies ☐

Phone: _____ Fax: _____ E-mail: _____

Race Name: _____ Race Date(s) _____

Member Number	Name LAST, First	Class/ YOB	Gender	EVENTS					Amount Paid
				DH	SL	GS	SG	K	

Comments: _____

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