

RUN. RIDE. WALK FOR THE CURE



<http://larenasrace.org>

TEAM REGISTRATION

PLEASE PRINT!

TEAM NAME: _____

Team Captain: _____
First Name Last Name

Mailing Address: _____

City _____ State _____ Zip _____

Phone: _____

What course would you like? { } 1 mile { } 3 mile { } 5 mile

What is your Team Goal for Funds Raised? \$ _____ **Team Entry Fee: \$20 per person**

	TEAM MEMBER NAME FIRST & LAST	FULL MAILING ADDRESS	T-SHIRT SIZE	ENTRY FEE	CANCER SURVIVOR?
1	TEAM CAPTAIN			\$	
2				\$	
3				\$	
4				\$	
5				\$	
6				\$	
7				\$	
8				\$	
9				\$	
10				\$	
11				\$	
12				\$	

For more team members, please use additional blank sheet if needed with all information above included for each member!

TOTAL AMOUNT ENCLOSED FOR TEAM ENTRY FEES: \$ _____

Mail or take forms and entry fees to:
 Please make checks payable to
 LaRena Smith Bengoia Run, Ride or Walk

LaRena's Race c/o OK Tire
 Jeannie McRae
 750 West Winnemucca Blvd.
 Winnemucca, NV 89445