

**2025 TEAM REGISTRATION FORM (2-1-2025)**

For Teams Use  
only - Check here  
to indicate that  
you agree to  
submit a waiver  
of responsibility

**Team Name:** \_\_\_\_\_

**Team Captain:** \_\_\_\_\_

**Team Donation:** \_\_\_\_\_ **Cash Amount** \_\_\_\_\_ **Check** \_\_\_\_\_ **Credit Card** \_\_\_\_\_

NAME	PRE REG	ADDRESS	CITY	STATE	ZIP	EMAIL ADDRESS	AMOUNT	TSHIRT
						<b>Total</b>		