



# Corporate Challenge 2017 Team Registration Form

**Name of Team** \_\_\_\_\_

- Address \_\_\_\_\_
- Phone \_\_\_\_\_, Email \_\_\_\_\_
- Contact Person \_\_\_\_\_

**Corporate Sponsor**(If applicable)\_\_\_\_\_

- Address \_\_\_\_\_
- Phone \_\_\_\_\_, Email \_\_\_\_\_
- Contact Person \_\_\_\_\_

**Team Members** (Minimum of 3 persons per gender)

- 1) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_, Email \_\_\_\_\_
- 2) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_, Email \_\_\_\_\_
- 3) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_, Email \_\_\_\_\_
- 4) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_, Email \_\_\_\_\_
- 5) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_, Email \_\_\_\_\_
- 6) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_, Email \_\_\_\_\_
- 7) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_, Email \_\_\_\_\_
- 8) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_, Email \_\_\_\_\_

**Total Team Registration Fee - \$800.00      Payment Deadline – July 31, 2017**

Registration fee amounts paid by: \_\_\_\_\_ Payment Received - Date \_\_\_\_\_

- Team Corporate Sponsor \$ \_\_\_\_\_
- Team Members Personally \$ \_\_\_\_\_

- Personal tax deductible receipts will be issued to Team Members noted in the amount above. (The amount paid will be divided by 8).
- Registration forms and fees must be delivered to: City of P.A. Office at the Art Hauser Centre