

IMMANUEL CHRISTIAN SCHOOL'S
A-MAY-ZING RACE
SATURDAY MAY 7, 2011
849 ROSSLAND RD. W. OSHAWA
START TIME IS 10:00 AM

TEAM REGISTRATION FORM

Team Name: _____

1. Team Captain: _____ 2. Team Member: _____

3. Team Member: _____ 4. Team Member: _____

Team Cell Phone # _____ Team Captains Email: _____
(on race day)

1. Name: _____ Age: _____ Address: _____
Phone: _____

2. Name: _____ Age: _____ Address: _____
Phone: _____

3. Name: _____ Age: _____ Address: _____
Phone: _____

4. Name: _____ Age: _____ Address: _____
Phone: _____

Waiver: We, the undersigned members of _____ team, assume all responsibility for any injury or accidents that may occur while participating in the Immanuel Christian School's A-May-Zing Race.

1. _____ 2. _____ 3. _____ 4. _____

Parent or guardian must sign for team members under the age of 16. All participants must read and sign the registration form.

Registration forms must be submitted to Immanuel Christian School by April 21st. Space is limited. To participate your team must raise a minimum of \$200. For more information contact the school at 905 728 9071.

Office Use:

Amount Raised: \$ _____