

AMAZING
RACE
FOR CHARITY.com

Race Date: _____ **Location: Eustis, Florida**

TEAM REGISTRATION (TWO PER TEAM)

DIVISION (CIRCLE): MALE/MALE FEMALE/FEMALE MALE/FEMALE PARENT/CHILD
CORPORATE CUP CHARITY HIGH SCHOOL STUDENTS

Team Name: _____

NAME 1: _____ NAME 2: _____

EMAIL 1: _____ EMAIL 2: _____

PHONE 1: _____ PHONE 2: _____

SHIRT SIZE 1 (ADULT SIZES): _____ SHIRT SIZE 2 (ADULT SIZES): _____

AGE 1: _____ AGE 2: _____

MEAL 1 (REG OR VEG): _____ MEAL 2 (REG OR VEG): _____

EMERGENCY CONTACT 1: _____

EMERGENCY CONTACT 2: _____

Payment details: Make check payable to Amazing Race for Charity, Inc.

Mail to: 632 S. Bay Street, Eustis, FL 32726

May register online at www.AmazingRaceForCharity.com

Note: If registering the day of the event, we may not have your shirt size. Please do not register online if after 6 pm the day before the event. May pay with cash at the event.

Regular registration fee is \$125.00.

Amazing Race for Charity, Inc.
632 S. Bay Street, Eustis, Florida 32726
amazingracecharity@gmail.com
352.242.8111