

# Team Entry Form

**Company Name:** \_\_\_\_\_

**Captain's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phones: Daytime: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Evening: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

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## Entry Fees:

### Companies:

#### 5 or more events (Full Team)

Division I @ \$350.00 \$ \_\_\_\_\_

Division II @ \$300.00 \$ \_\_\_\_\_

**Run 1 – 4 events** @ \$35.00 \$ \_\_\_\_\_  
(per event)

**BACAA Annual Fee** @ \$30.00 \$ \_\_\_\_\_

This fee must be paid to participate in the Relays.  
Annual fee good until next year's Corporate Relays.

**Total Enclosed** \$ \_\_\_\_\_

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## Payment:

Make check payable to **BACAA**.

Mail check with this form to:

BACAA  
c/o Joseph Ols  
PO Box 2266  
Los Gatos CA 95031