

Bay Area Corporate Winter Relays

Team Entry Form

Company Name: _____

Captain's Name: _____

Mailing Address: _____

Street: _____

City, State, Zip Code: _____

Phones: Daytime: (_____)_____ Ext:_____

Evening: (_____)_____

Fax: (_____)_____

Entry Fees:

Companies:

Run 4 or more events @ \$85.00 \$_____
(Full entry fee entitles team to 2 large pizzas
and 2 pitchers of soda at post-event party.)

Run 2 or 3 events @ \$30.00 \$_____

Run 1 event @ \$15.00 \$_____

BACAA Annual Fee @ \$35.00 \$_____
(Not needed if you already paid. Teams
who participated in the 2003 Regionals
have already paid.)

Payment:

Make check payable to BACAA.
Mail check with this form to:

BACAA
c/o Mal Murphy
825 N. 5th Street
San Jose, CA 95112