

2017 CORPORATE CHALLENGE TEAM ENTRY FORM

COMPANY INFORMATION

Name _____

Delivery Address _____

City _____

Event Entered AKL CHC WEL

Industry Category (select one only)

Accounting Finance/Insurance

Government/Health Legal

Sport/Leisure Technology

Transport/Construct. Other

TEAM CAPTAIN INFORMATION

First Name _____

Last Name _____

Email Address _____

Phone (Bus) _____

Phone (Mobile) _____

SEND FORM TO:

email: entries@runningevents.co.nz
 fax: 09 9261894
 post: PO Box 30-1431, Albany, Auckland 0752

TEAM MEMBERS

| # | First Name | Last Name | T Size (8-18 S-2XL) | Gend. | Date of Birth | Email Address | CEO? |
|----|------------|-----------|------------------------|-------|---------------|---------------|--------------------------|
| 1 | | | | M / F | / / | | <input type="checkbox"/> |
| 2 | | | | M / F | / / | | <input type="checkbox"/> |
| 3 | | | | M / F | / / | | <input type="checkbox"/> |
| 4 | | | | M / F | / / | | <input type="checkbox"/> |
| 5 | | | | M / F | / / | | <input type="checkbox"/> |
| 6 | | | | M / F | / / | | <input type="checkbox"/> |
| 7 | | | | M / F | / / | | <input type="checkbox"/> |
| 8 | | | | M / F | / / | | <input type="checkbox"/> |
| 9 | | | | M / F | / / | | <input type="checkbox"/> |
| 10 | | | | M / F | / / | | <input type="checkbox"/> |
| 11 | | | | M / F | / / | | <input type="checkbox"/> |
| 12 | | | | M / F | / / | | <input type="checkbox"/> |
| 13 | | | | M / F | / / | | <input type="checkbox"/> |
| 14 | | | | M / F | / / | | <input type="checkbox"/> |
| 15 | | | | M / F | / / | | <input type="checkbox"/> |
| 16 | | | | M / F | / / | | <input type="checkbox"/> |
| 17 | | | | M / F | / / | | <input type="checkbox"/> |
| 18 | | | | M / F | / / | | <input type="checkbox"/> |
| 19 | | | | M / F | / / | | <input type="checkbox"/> |
| 20 | | | | M / F | / / | | <input type="checkbox"/> |

Register non-staff members (friends & family here):

For competition purposes, non-staff members are not included in your team time

| | | | | | | | |
|---|--|--|--|-------|-----|--|--------------------------|
| 1 | | | | M / F | / / | | <input type="checkbox"/> |
| 2 | | | | M / F | / / | | <input type="checkbox"/> |
| 3 | | | | M / F | / / | | <input type="checkbox"/> |
| 4 | | | | M / F | / / | | <input type="checkbox"/> |

Continue on another sheet if necessary

PAYMENT

| Entrants | x | Entry Fee | Total To Pay |
|----------|---|-----------|--------------|
| | | \$45.00 | |

Cheques should be made out to "Running Events"

Bank transfer payments can be sent to 03 1322 0766281 000

TEAM ENTRIES MUST BE COMPLETED ONLINE OR POST-MARKED AT LEAST 14 DAYS PRIOR TO YOUR EVENT. ENTRIES AFTER THIS DATE ARE ONLY AVAILABLE ONLINE AT \$50 PER PERSON AND MAY NOT INCLUDE AN EVENT T-SHIRT.

EVENT WAIVER

On behalf of all team members listed above, I confirm our acceptance of the Event Waiver as recorded on the web site www.corporatechallenge.co.nz

Signed by Team Captain

Date