

2009 First American State Bank Fitness Festival Team Reconciliation Form

Attach all registration forms, 2009 team roster, and payment to this form.

Please be sure to complete this form prior to coming to Team Packet Pick Up.
Also, be sure to complete your Team Roster before you turn in your Registration Materials.

Total # of Team Registrations Attached to this Form: _____

Team Name: _____ School: _____

Team Captain Name: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Company or Other Organization Name: _____

Mailing Address: _____

City, State, Zip: _____

Delivery of Team Materials Deadline:

Completed team materials received at the CCSD Prevention Office by Friday, September 4, will have the option of having their race materials delivered directly to their school via district mail!!

****After September 4****

Please call or email Shar Gardenhire to schedule pick-up of your t-shirts and race bibs for your team prior to race day!!

(720) 554-4247 or sgardenhire@cherrycreekschools.org

Cherry Creek School District Prevention Office: 4700 S. Yosemite Street, Room 230

**Pick-up times will be scheduled ONLY on
Tuesday, September 8 and Wednesday, September 9
Between 9:00 AM – 4:00 PM**

Registration Summary:

Type of Registration	Number of Registrations	Amount Paid	Total
Child/Senior		@ \$15.00	\$
Adult		@ \$27.00	\$
Family 4 Pack		@ \$75.00	\$
Donations	N/A		\$
Total			\$

T-Shirt Summary:

T-Shirt Size	Number Needed
Youth Medium	
Small	
Medium	
Large	
X-Large	
Total Needed	