

2007 First American State Bank Fitness Festival Team Captain Reconciliation 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: _____

Email: _____

Company or Other Organization Name: _____

Mailing Address: _____

City, State, Zip: _____

Team Packet Pick Up: Pick up t-shirts and race bibs for your team prior to Race Day!

Cherry Creek School District Prevention Office 4700 S. Yosemite Street 720-554-4247

Monday - Friday, August 27 – August 31 and Tuesday, September 4: 8:30 AM - 3:30 PM

Delivery of Team Materials

Completed team materials received at the CCSD Prevention Office by Friday, August 31 will have the option of having their race materials delivered to their school via district mail.

Please call or email Marla England for delivery instructions

720-554-4247 or mengland2@cherrycreekschools.org

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	