



The Food Bank
of El Dorado County

November 10, 2007 TEAM REGISTRATION

PLEASE PRINT CLEARLY. THIS FORM MUST BE COMPLETED, SIGNED AND DATED BY EACH PARTICIPANT.

Team Name:

Captain First Name:

Captain Last Name:

Team Address:

City:

State:

Zip:

Day Phone:

E-mail Address:

TEAM ROSTER

Name

Address

City

State

ZIP

Phone:

Email:

Shirt Size: S M L XL XXL No Shirt

Team Member Signature:

Parent's or Guardian's Signature (if under age 18) _____ Date _____

Name

Address

City

State

ZIP

Phone:

Email:

Shirt Size: S M L XL XXL No Shirt

Team Member Signature:

Parent's or Guardian's Signature (if under age 18) _____ Date _____

Name

Address

City

State

ZIP

Phone:

Email:

Shirt Size: S M L XL XXL No Shirt

Team Member Signature:

Parent's or Guardian's Signature (if under age 18) _____ Date _____

Name
Address
City State ZIP
Phone: Email:
Shirt Size: S M L XL XXL No Shirt

Team Member Signature:
Parent's or Guardian's Signature (if under age 18) _____ Date _____

Name
Address
City State ZIP
Phone: Email:
Shirt Size: S M L XL XXL No Shirt

Team Member Signature:
Parent's or Guardian's Signature (if under age 18) _____ Date _____

Name
Address
City State ZIP
Phone: Email:
Shirt Size: S M L XL XXL No Shirt

Team Member Signature:
Parent's or Guardian's Signature (if under age 18) _____ Date _____

In accepting my and/or my dependent's participating in the Walk for Hunger, I, the undersigned, release and hold harmless the Food Bank of El Dorado County, Mansour Companies, the cities and counties where the walk is domiciled, start to finish, and all of their sponsors, affiliates, agents, servants, employees, volunteers, assigns, successors and heirs and all officials concerned for all acts, omissions or negligence which may result in any bodily injury (including death) and/or property loss or damage incurred by me arising out of or in connections with my and/or my dependent's participation in this event. This waiver extends to all claims of any kind and nature whatsoever, whether known or unknown. Furthermore, I permit and grant to the event promoters full and exclusive rights to record my performance on film, videotape, photographs, motion pictures, recording or any other record for legitimate purposes without compensation to me.

SIGNATURE: _____ Date _____

ENTRY FEES
_____ Adult Registering X \$25.00 _____ Students, (ages 17 under) X \$10.00
Total Amount Enclosed \$ _____

Bill my Credit Card, circle one: MC Visa # _____ Exp. Date # _____

Credit Card Signature Authorization: _____

FOR OFFICIAL USE		
Team Number:	Received:	Paid: