

ENTRY FORM

Providence Corporate Cup March 31, 2012

Each person MUST fill out and sign an entry form including persons participating in a team.

Register Online at www.corporatecup.net

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Sex: Male Female Age _____ Email: _____

Phone: _____ Company: _____

*NOTE: You must be employed to participate on a team

Please check here if you are a wheelchair athlete

INDIVIDUALS:

OPEN DIVISION

TEAMS: (Multiple teams from a company must each have a different name; i.e., Providence Team #1, Providence Team #2, etc. or Providence Roadrunners, Providence Turtles, etc.). The best team name will win the "A Rose By Any Other Name Award".

Team Name: _____ Captain _____

Team Members:

1. _____ 3. _____

2. _____ 4. _____

Providence Corporate Teams Divisions are determined by the number of staff employed within your company.

Select the appropriate Division below (See race rules):

- DIVISION 1 (3 team members): Up to 50 Employees
 - DIVISION 2 (4 team members): 51 to 100 Employees
 - DIVISION 3 (4 team members): 101 to 250 Employees
 - DIVISION 4 (4 team members): Over 250 Employees
 - FUN RUN TEAM (4 team members – no company size nor age/gender requirement)
- Remember one member must be 40 yrs + and team must have one male and one female

T-shirt Size (check one) SMALL MED LARGE XLarge 2XL (Add \$3)

Long Sleeve: Add \$5 for S – XL Add \$8 for 2XL

Entry Fee is \$25.00 per participant. No race day registration allowed.

Total Amount Due: \$ _____

I do hereby release PROVIDENCE CORPORATE CUP, LLC and any and all other individuals, sponsors, representatives, successors and assignees associated with PROVIDENCE CORPORATE CUP, LLC for any and all injuries suffered by me in this event however incurred or sustained.

I attest and verify that I am physically fit and sufficiently trained for the completion of this event. Further, I hereby grant full permission to any and all the foregoing, as well as recognized news media, to use any photograph, videotape, motion picture recording, or any other record of this event including my image or likeness for any purpose whatsoever. I also understand that falsification of any information provided by me or my team members will result in disqualification of our entire team from receiving any rewards.

X _____

Signature is REQUIRED! (Parent/Guardian signature required for all participants under the age of 18.)

Race Registration ends March 26, 2012

Forms may be submitted by:

Email: corporatecup@providenceeng.com Fax: (225) 768-5959

Mail: Providence Corporate Cup, LLC • 1201 Main Street Baton Rouge, Louisiana 70802