

# IMPACT ECO-CHALLENGE

## TEAM REGISTRATION FORM

*(one payment and on form per team please)*

**\*Registration deadline is April 1\***

Parent Chaperone Name(s): \_\_\_\_\_

Primary Contact Phone #: \_\_\_\_\_

Primary Contact Email (print clearly): \_\_\_\_\_

Team Name: \_\_\_\_\_

Names of Athletes: (Please designate a team captain)

_____	M	F	Age ____	(Team Captain)
_____	M	F	Age ____	
_____	M	F	Age ____	
_____	M	F	Age ____	
_____	M	F	Age ____	
_____	M	F	Age ____	
_____	M	F	Age ____	
_____	M	F	Age ____	

Complete registration and liability forms,  
make a check payable to WCIAL and send to

WCIAL  
8863 Greenback Ln., Ste 230  
Orangevale, CA 95662

**\*\*Because of the complexity involved organizing this event,  
we cannot give refunds to athlete(s) or teams that back out of the race\*\***