

Team Entry Form

Company Name: _____

Captain's Name: _____

Mailing Address: _____

Street: _____

City, State, Zip Code: _____

Phones: Daytime: (_____) _____ Ext: _____

Evening: (_____) _____

Fax: (_____) _____

Entry Fees:

Companies:

5 or more events (Full Team)

Division I @ \$350.00 \$ _____

Division II @ \$300.00 \$ _____

Run 1 – 4 events @ \$35.00 \$ _____
(per event)

BACAA Annual Fee @ \$30.00 \$ _____

This fee must be paid to participate in the Relays.
Annual fee good until next year's Corporate Relays.

Total Enclosed \$ _____

Payment:

Make check payable to **BACAA**.

Mail check with this form to:

BACAA
c/o Mal Murphy
825 N. 5th Street
San Jose, CA 95112