



**2004 KOMEN ATLANTA RACE FOR THE CURE®**

# Team Roster & Packing List

Team leaders: Please complete the information requested. Mail the completed Roster with your team Race Entry forms and registration fees.

Team Leader			
Street Address			
City			
State	Zip		
Work Phone	Fax		
Home Phone	E-mail		
TEAM NAME			

Total number of race entrants \_\_\_\_\_ x \$25 = \$ \_\_\_\_\_

Total number of race entrants via complimentary ticket \_\_\_\_\_ x \$0 = \$ \_\_\_\_\_

Total amount collected/enclosed for pledges \$ \_\_\_\_\_

Total additional donations \$ \_\_\_\_\_

Total enclosed for all team members \$ \_\_\_\_\_

Where do you want race numbers sent? (select one)

- Send to Team Leader at above address
- Send to each team member at team member's address

NOTE: Race Roster and Race Entry forms must be postmarked by April 20, 2004 if race numbers are to be mailed.

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INFORMATION TO BE COMPLETED BY THE KOMEN ATLANTA RACE FOR THE CURE® STAFF

Reconciled by:	Rec'd by Race Treasurer:
Date:	Date: