



CVS Caremark Downtown 5k Team Registration Form

Company Name _____

Company Address _____

City _____ State _____ ZIP code _____

Team Contact _____ (in case of problem with entry)

Email Address _____

Contact Phone(_____) _____ Fax (_____) _____

Check One Division:

_____ Men's Open (minimum of three)

_____ Men's Master (age 40 and over on race day minimum of three)

_____ Women's Open (minimum of three)

_____ Women's Master (age 40 and over on race day minimum of three)

	Name	Age		Name	Age
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

* OK to have any number of participants on one team/division. First three will score.

*Please do not mix men and women on one entry form.

*One entry form per division.

*Make photocopies if needed.

*Do not staple team entry form to registration form

FINAL CHECKLIST

Team Entry Form Completed

All Team Members Meet Guidelines

All Individual Entry Forms Completed, Entry Fee Submitted

Team Entry Form And All Individual Entry Forms In One (1) Envelope

Postmarked By 9/10/2010

Checks enclosed, made payable to: Downtown 5K, Inc.

Mail to: Downtown 5k, Inc.

P.O. Box 1940

East Greenwich, R.I. 02818-0663

Entry Fee: \$25 per team member.