



# CORPORATE CUP 2016 TEAM ENTRY FORM

Company Name: \_\_\_\_\_

Contact Person/Team Captain: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

T-shirt Color for Team: \_\_\_\_\_

**Team Fee due at Registration:** \$200 for groups sizes of 1-10

\$400 for groups sizes of 11-25

*NOTE: 10% discount for additional teams*

**Registration Deadline: September 30th**

**Event Info: Saturday, October 8th**

**Being held at: Washington County Career Center &  
Marietta Memorial Hospital (Wayne Campus)**

**Make checks payable and mail to:** Marietta Family YMCA  
300 N. 7<sup>th</sup> Street  
Marietta, OH 45750

Payment Enclosed or Invoice Team (Circle One)