

BAKER TO VEGAS CHALLENGE CUP RELAY TEAM ENTRY FORM

Team # _____

Fill in all of the information requested.
Be accurate and notify us immediately of any changes

Agency Name:		Last year's Team # (If known):
Team Name:		

TEAM CAPTAIN INFORMATION

Name:		Work #:	
Street Mailing Address:		Home #:	
City, State, Zip:		Cell #:	
E-Mail (HOME) Address:		Fax #:	

TEAM CO-CAPTAINS INFORMATION

Name:		Work #:	
Street Mailing Address:		Home #:	
City, State, Zip:		Fax #:	
E-Mail Address:		Cell #:	

FOR THE V.I.P. RECEPTION CHIEF/ SHERIFF/ AGENT-IN-CHARGE ONLY:

Name:		Title:	
Street Mailing Address:		Phone:	
City, State, Zip:			

Entry Fee \$2100.00 - Make check payable to: LAPRAAC

LAPRAAC
B/V Challenge Cup Relay
P.O. Box 861148
Los Angeles, CA 90086-1148

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PHONE # - (323) 221-5222 EXT. 220
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WEB PAGE: www.bakervegas.com