



TEAM BIO FORM – Fill and Print

Team Name: _____

Team Sponsor(s):

Team History/Awards/Fun Facts:

Race Category (limit of one category): Mixed Womens

Breast Cancer Challenge Race: Yes No

Additional Team Info: Junior Senior Local (Okanagan Valley)

Team Manager Name: _____

Address: _____

Phone 1: _____ Cell: _____

Email *: _____

***this is how you will receive festival information and updates**

Secondary Contact:

Name: _____

Phone 1: _____ Cell: _____

Email*: _____

***this is how you will receive festival information and updates**