



SPIRIT TEAM APPLICATION
Saturday, December 9, 2017

Please email this completed form to rcmspiritteams@gmail.com

TEAM NAME: _____

CONTACT NAME: _____

CONTACT PHONE: _____ CONTACT EMAIL: _____

APPROX. # OF PEOPLE _____

WHAT ARE YOUR TOP TWO LOCATION PREFERENCES (see attached map)

ARE YOU A 501©3 ORGANIZATION? _____

IF YES, WHAT IS YOUR ORGANIZATION'S NAME AND CONTACT ADDRESS? (A \$100 check will be sent to your organization after the marathon)

We will contact all winners by email and arrange to get your cash prize to you.