



CRAZYLEGS CLASSIC FUN & FITNESS 2010 SUMMARY SHEET

www.crazylegsclassic.com

PLEASE READ: Please return this form, along with your entire teams registration forms (complete) and full payments to: Crazylegs Classic Fun & Fitness, 1440 Monroe Street, Madison, WI 53711. Make checks payable to **Crazylegs Classic Fun & Fitness**. Mastercard/Visa also accepted. Any questions please call 608 261-LEGS (5347). COPIES ACCEPTED – REGISTRATION SHEET AND APPLICATIONS.

*******Return completed team participant information by Monday, April 12 ... no additions after this date*******

TEAM NAME *** _____ are you a new team? _____
 ***this name will also appear on your plaque Check here if you only need a plaque plate (2010) _____

TEAM CAPTAIN _____

CAPTAIN PHONE _____ EMAIL _____

	Participants Name (Captain First)	Run / Walk	T-Shirt Size
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
Minimum	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____

TOTALS

_____ **S** _____ **M** _____ **L** _____ **XL** _____ **XXL**

_____ x \$30 each = \$ _____