

St. Vincent DePaul Mission of Waterbury
P.O. Box 1612; Waterbury, CT 06721

TEAM NAME REQUEST FORM

***Walk in their footsteps --
Race for awareness
Sunday, October 24, 2021
The Elks Club
283 West Main St., Waterbury
Check-in: 12:00 noon
Walk Start: 1:00pm. Race Start: 1:30pm.***

This Form is used to request a Team Name only.
The Team Leader and each member of the team
must complete a Registration Form or register
online via our website.

Check one: Walk ___ Race ___

Information

Do not enclose payments with this form.

Register and make payments with a WALK or RACE Registration Form.

To qualify for a participation award, the Team Leader must present a list of participants to Event Staff by 12:30pm on Event Day.

Race teams must register by October 15 to qualify for the Runner Team Challenge.

Need some help? Please contact us. See bottom of this form for contact information.

Team Name: _____
(Please print clearly.)

Team Leader: _____

Relationship to Team: _____

E-mail: _____

Address: _____

City/town: _____

State: _____ ZIP _____

Phone (with Area Code): _____

Sponsoring organization or family: _____

All current public health guidelines will be strictly applied. Compliance is required by all participants MASKS ARE REQUIRED WHEN INSIDE ALL BUILDINGS. NO DAY-OF REGISTRATION FOR THE RACE.

Visit our website or contact us for updated information.

Team Leader, please read and ensure each requirement below regarding your team:

- Each participant (family) has returned a signed Registration/Consent Form (or will do so) or has registered online. Each person understands and agrees with the statements contained therein.
- Each participant under age 18 has the signed permission of a parent/guardian to participate in this event.
- As a Team, we will comply with the directions given by Event Leaders, the staff, volunteers, and employees of St. Vincent DePaul Mission so that the spirit of the Event will prevail throughout the day.
- Number of adults on Team (approx): _____ Number of children under age 18 on Team (approx): _____

The following information about our team is provided for use by St. Vincent DePaul Mission related to today's event or in any general sense as may be appropriate to the work of the Mission:

Team Leader Signature: _____ Date: _____

Return this form before October 15, 2021 to the address at the top of form or enter your request via our website.

For information, call George (860-274-9310) or Edwin (203-754-0000) or Lorein (203-754-0000). Thank You!

E-mail: edwinr@svdpmmission.org.

Visit our website at svdpmmission.org.