

BLOOMSDAY™



CHALLENGE

Team Sign Up Sheet

May 1st, 2011

Sponsored by:



**Dentistry For Children
and Young Adults**

www.childrenschoicedental.com

Name/Address*	Date of Birth	T-Shirt Size	M/F	Phone and Email	Bloomsday Use Actual Time

*All team members must also be signed up for Bloomsday separately, either online or through the mail.

Team Name	
Team Captain	
Phone Number	
School	

Category (Please Circle One)	
High School	All Male All Female Co-ed
Jr. High School	All Male All Female Co-ed

Mail or drop off completed form at:

*Lilac Bloomsday Run
1610 West Riverside
Spokane, WA 99201*

ALL FORMS MUST BE RECEIVED IN THE BLOOMSDAY OFFICE BY **APRIL 12th**.
THERE IS A 60 TEAM LIMIT

