



# Team Registration Form

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**Team Name** \_\_\_\_\_

**Team Captain Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, ST** \_\_\_\_\_

**Zip** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

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<b>Team Member Name</b>	<b>DOB   Gender</b>
_____	_____
_____	_____
_____	_____
_____	_____

**Team Category**      **Military**      **Greek**      **Corporate | Open**

**Team Captain Signature** \_\_\_\_\_

**Please Return To:**  
Tuscaloosa County PARA  
c/o Amy Rainey  
614 Greensboro Ave  
Tuscaloosa, AL 35401

**For More Information**  
Contact: Amy Rainey  
arainey@tcpara.org