



CHINO CORPORATE CHALLENGE 2012 TEAM ENTRY FORM



ORGANIZATION NAME _____

COORDINATOR NAME _____

ASST. COORDINATOR NAME _____

ORGANIZATION ADDRESS _____

CITY _____ ZIP _____

ORGANIZATION PHONE _____

COORDINATOR PHONE _____

E-MAIL ADDRESS _____ FAX _____

PLEASE INCLUDE THE NAME AND TITLE OF CEO, PRESIDENT, OR MANAGER OF YOUR BUSINESS:

HOW MANY PEOPLE ARE EMPLOYED WITH YOUR COMPANY? _____

WHAT ARE YOUR BUSINESS HOURS? _____ BEST TIME TO CONTACT YOU? _____

HOW MANY YEARS HAS YOUR COMPANY PARTICIPATED IN CORPORATE CHALLENGE? _____

TEAM SHIRT COLOR: _____

SIGNATURE OF ORGANIZATION EXECUTIVE

DATE

SIGNATURE OF ORGANIZATION COORDINATOR

DATE

**TEAM ENTRY FEES & TEAM ENTRY FORM
DUE ON OR BEFORE FRIDAY, APRIL 6, 2012**

**PLEASE MAIL OR FORWARD TO:
CITY OF CHINO, COMMUNITY SERVICES DEPARTMENT
ATTN: GRISELDA LARA
5201 "D" STREET
CHINO, CA 91710**