

Potsdam Rotary Wheelchair Challenge
Saturday, October 27, 2018 2:00 PM

Team Registration Form

THIS FORM, ALONG WITH ALL PAYMENTS, MUST BE
RECEIVED BY MONDAY, OCT. 15, 2018

POTSDAM ROTARY P.O. BOX 912
POTSDAM, NY 13676

NO WALK- IN REGISTRATIONS WILL BE ACCEPTED

Any questions, please email Mary Sue Foster at harrismedical@nnymail.com

Team Name _____

Contact email address _____

Team Member 1. _____ phone# _____

Team Member 2. _____ phone# _____

Team Member 3. _____ phone# _____

Team Member 4. _____ phone# _____

Total amount raised: \$ _____

(Please make check or money order payable to Potsdam Rotary Club)

MINIMUM \$75.00 PER TEAM

Each team member must sign the waiver below. If any team member is below the age of eighteen years of age, a parent or legal guardian must sign for them.

The undersigned hereby waive any and all liability against the Rotary Club of Potsdam, MS TIGER INC (dba Harris Medical Supplies & Equipment), and SUNY Potsdam for any injury incurred as a result of participation in the Wheelchair Challenge. I understand I am participating voluntarily and I assume any and all risks at my own expense.

Team Member 1. _____ Date _____

Team Member 2. _____ Date _____

Team Member 3. _____ Date _____

Team Member 4. _____ Date _____