



## 2019 CERE-BRATION GROUP REGISTRATION FORM

Team Name:

Team Captain(s) Name(s):

Company Name and Address:

Team Member #	Prefix	First Name	Last Name	Suffix	Email Address	Walk or 5K?	T-shirt Size (SM-XXL)
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***\*By registering for the BIA-MA Cere-Bratation Field Day & 5K and this company team, or if registering a participant under the age of 18 for this Team, it constitutes an acknowledgement that the participant is physically able to undertake the Cere-Bratation and is a waiver of any and all claims.***