



A Fundraising Event Organized by the
Colonie-Guilderland Rotary Club
cgrotary.org



Amazing Race To Recovery Team Registration Form
March 25, 2023 Crossgates Mall
www.amazingracetorecovery.org

Cost per team member is \$20.00. Teams are limited to 5 people.

Team Name _____

Team Leader Name _____

Company Name (if applicable) _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____

Mobile Phone Number (_____) _____

* Each team must have a mobile phone. It may be required for some aspects of the Amazing Race to Recovery event.

Other Team Members:

First Name	Last Name	Age (if under 18)	Email address



A Fundraising Event Organized by the
Colonie-Guilderland Rotary Club
cgrotary.org



Team Name _____

Would your team like to sponsor one or more people in recovery, that may not have the funds but would like to participate in the Amazing Race to Recovery?

Yes, we would like to sponsor ____ people x \$20 each = \$_____

of team members: ____ people x \$20 each = \$ _____

Total Amount to charge Credit Card \$_____

If payment is with a check, please mail this form with a check made payable to: Second Chance Opportunities. And mail to: Second Chance Opportunities, 55 Colvin Ave. Albany NY, 12206

If payment with a credit card, please complete this from and return to khpogge@grasslandcorp.com

Name as Appears on Credit Card _____

Card Number _____

Expiration Date ____/____ Security Code _____ Billing Zip Code _____

Billing Address of Cardholder _____

City _____ State _____ Zip _____

Signature of Cardholder _____