



TEAM REGISTRATION FORM

– COMPLETE ONE FORM PER TEAM –

All registrations received by March 31, 2017 will be entered into a prize drawing held at the 40th Annual Silver Bell Awards Dinner
It is not necessary to provide names of all team members at time of registration.

REGISTRATION FEE: \$3,500

COMPANY NAME

PAYMENT METHOD

CHECK PAYABLE TO THE SEAMEN'S CHURCH INSTITUTE

CREDIT CARD*†

*Credit card payments subject to a 2.9% transaction processing fee of \$101.50.

†If you do not wish to send this information electronically, return this form by post, or call to make payment securely by phone.

CARD NUMBER

EXPIRATION DATE

CARDHOLDER NAME

SIGNATURE

TODAY'S DATE

– RETURN ALL THREE PAGES OF THIS FORM BY SEPTEMBER 1, 2017 –

Email to scimountainchallenge@seamenschurch.org with the subject line "Team Registration Form"
or return by post to
SCI Mountain Challenge • The Seamen's Church Institute • 50 Broadway, Floor 26 • New York, NY 10004

TEAM NAME

(OPTIONAL)

TEAM CAPTAIN / TEAM MEMBER 1

FIRST NAME

LAST NAME

COMPANY (IF APPLICABLE)

EMAIL

BUSINESS PHONE

CELL PHONE

COMPANY ADDRESS

CITY

STATE/PROVINCE

POSTAL CODE

COUNTRY

TEAM MEMBER 2

FIRST NAME

LAST NAME

EMAIL

CELL PHONE

COMPANY NAME/ADDRESS (IF DIFFERENT FROM TEAM CAPTAIN)

TEAM MEMBER 3

FIRST NAME

LAST NAME

EMAIL

CELL PHONE

COMPANY NAME/ADDRESS (IF DIFFERENT FROM TEAM CAPTAIN)

– ALL TEAM MEMBERS MUST COMPLETE INDIVIDUAL PARTICIPANT REGISTRATION FORM –