



TEAM REGISTRATION FORM

- COMPLETE ONE FORM PER TEAM -

It is not necessary to provide names of all team members at time of registration.

REGISTRATION FEE: \$3,800

Please note: due to the ongoing pandemic, all Mountain Challenge participants, guests and SCI event staff will be required to provide proof of vaccination or a negative Covid-19 test. Per Maine state guidelines, participants who are unvaccinated will be asked to wear a mask and socially distance when indoors, and vaccinated guests will not be required to wear a mask. All policies and protocols are subject to change with any new or revised CDC and state-wide regulations and mandates.

COMPANY NAME

PAYMENT METHOD CHECK PAYABLE TO THE SEAMEN'S CHURCH INSTITUTE CREDIT CARD*

CARD NUMBER IF PAYING BY PHONE, CHECK HERE

EXPIRATION DATE CW

CARDHOLDER NAME

SIGNATURE

- RETURN ALL THREE PAGES OF THIS FORM BY AUGUST 30, 2021 -

RETURN ALL PAGES OF THIS FORM WITH PAYMENT TO:

scimountainchallenge@emerson-events.com

OR TO: The Seamen's Church Institute • 50 Broadway, Floor 26 • New York, NY 10004

*Credit card payments subject to a 2.9% transaction processing fee.†If you do not wish to send this information electronically, return this form by post or call to make payment securely by phone: 212.349.9090.

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 AN INDIVIDUAL PARTICIPANT REGISTRATION FORM -