



# 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

COMPANY NAME

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

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\*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.

CARD NUMBER

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IF PAYING BY PHONE, CHECK HERE

EXPIRATION DATE

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CW

CARDHOLDER NAME

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SIGNATURE

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

**RETURN ALL PAGES OF THIS FORM WITH PAYMENT TO:**

[scimountainchallenge@emerson-events.com](mailto:scimountainchallenge@emerson-events.com)

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

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## TEAM NAME

(OPTIONAL)

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## TEAM CAPTAIN / TEAM MEMBER 1

FIRST NAME

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LAST NAME

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COMPANY (IF APPLICABLE)

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EMAIL

---

BUSINESS PHONE

CELL PHONE

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COMPANY ADDRESS

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CITY

---

STATE/PROVINCE

---

POSTAL CODE

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COUNTRY

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## TEAM MEMBER 2

FIRST NAME

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LAST NAME

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EMAIL

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CELL PHONE

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COMPANY NAME/ADDRESS (IF DIFFERENT FROM TEAM CAPTAIN)

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## TEAM MEMBER 3

FIRST NAME

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LAST NAME

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EMAIL

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CELL PHONE

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COMPANY NAME/ADDRESS (IF DIFFERENT FROM TEAM CAPTAIN)

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- ALL TEAM MEMBERS MUST COMPLETE AN INDIVIDUAL PARTICIPANT REGISTRATION FORM -