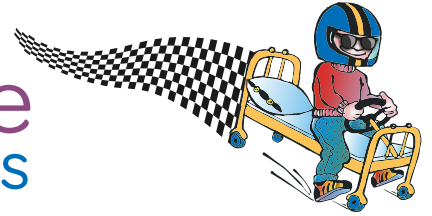


SATURDAY,
OCTOBER 12, 2024
600 SE FLAGLER AVE.
STUART, FL

5TH ANNUAL
Family Promise
of Martin County **Bed Races**



TEAM ENTRY FORM

**Please print clearly!*

Team Name: _____ Team Captain: _____

Adult Sponsor: (for youth teams) _____

Contact Information: (check one) Sponsor Team Captain

****Team Captain will receive additional information via email.****

Phone: home _____ cell _____

Email Address: _____

Mailing Address: _____

Team Members:

T-Shirt Size:

1. _____
2. _____
3. _____
4. _____
5. _____



Pay Entry Fee (\$150) at MCFamilyPromise.org/bed-race

E-Mail Entry Form by Friday Oct 4th to: events@MCFamilyPromise.org

