



**2009 McQuaid Invitational Alumni Challenge
October 3, Genesee Valley Park, Rochester, NY**

Team Registration Form

Name of school you are representing _____

Team Division: **OPEN MEN** **OPEN WOMEN**

- **Team Registration Form can either be mailed or turned in by 5:00pm race day.**
- **No limit on the number of individual entries per team.**
- **Men’s teams score top 5 finishers**
- **Women’s teams score top 3 finishers**

	<u>Runner’s Name</u>	Age	Graduating Class Year
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

I hereby attest that the runners listed on this roster are bona fide graduate’s of the listed school.

Signature of Team Captain _____

Mail form to: GVH PO BOX 16375, Rochester, NY 14616
Email: gvhxc@rochester.rr.com