



**RACINE FAMILY YMCA
Corporate Cup
Team Participation Intent Form
16th Annual Corporate Cup
2015**

Please complete the following, indicating your intent to participate in Corporate Cup 2015. This will assist the Racine Family YMCA in planning for events, scheduling and communication. Thank you for your assistance.

Please return ASAP.

Nette Marks
Racine Family YMCA
nmarks@ymcaracine.org
262-898-4691

Company Name: _____

Primary Company Representative: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Please email a copy of your company logo for news releases, etc.

Participant Fees:

Company Pays all.

Employees pay ___% to company at Registration.

Employees pay ___% to YMCA at time of Registration.