

# Team Challenge Roster



Please complete this form and submit to the Solutions Desk during Packet Pick-Up. Valid teams must consist of 5-10 individuals, each limited to participating on a single team. Full program details are available [captextri.com](http://captextri.com) Good luck!

Team Name:

Team Captain:

Team Captain Phone:

Distance (circle one)    Sprint   -or-   International

Division (circle one)    Female   -or-   Male   -or-   CoEd

Athlete #	Bib Number	Gender	First Name	Last Name
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				