AchievAlympics
REGISTRATION FORM

Division (please check one): ☐ Adult Gladiator ☐ Family Warrior

Team name: _____

Please provide the following information for each team member (5-10 people per team):

Name: _____
Email Address: _____
Phone Number: _____
Date of Birth: _____
Age on race day (April 26, 2014): _____

Name: _____
Email Address: _____
Phone Number: _____
Date of Birth: _____
Age on race day (April 26, 2014): _____

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Phone Number: _____
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Pricing & Payment info:

☐ Adult Gladiator: $50.00 per team ☐ Family Warrior: $25.00 per team

Payment may be submitted via PayPal at achievacu.com, or by check, payable to **Achieva Credit Union**. Please send completed registration form along with check payment to:

Marketing Department
Achieva Credit Union
P.O. Box 1500
Dunedin, FL 34697

ACHIEVA FOUNDATION

Questions? Contact Chelsey Wilson at 727.431.7362 or events@achievacu.com.

THANK YOU FOR YOUR SUPPORT!

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