



Volunteer Center's Human Race Team Registration Form

Team Name: _____ Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Human Race Coordinator/Advisor:

First Name: _____ Last Name: _____

Phone: (____) _____ Fax: (____) _____

Email: _____ @ _____

Student Coordinator (High School Challenge needs Advisor and for each team):

First Name: _____ Last Name: _____

Phone: (____) _____ Fax: (____) _____

Email: _____ @ _____

Corporate Challenge? Yes _____ No _____

High School Challenge? Yes _____ No _____

Community Challenge? Yes _____ No _____

Past Participant? Yes _____ No _____

Year(s): 2001__ 2002__ 2003__ 2004__ 2005__ 2006__ 2007__

How did you hear about the Human Race? _____

Volunteer Center's Human Race
Presented by The Volunteer Center of Silicon Valley
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www.vcsv.us/humanrace