

EXPEDITION BVI 2001
Team Registration Form



Please complete the following registration form and either fax or mail it to the contact address provided below. At this time, we require only the Team Captain's information. Once your registration has been processed, race officials will be contacting you for team details.

Team Name: _____

CAPTAIN'S INFORMATION

First Name: _____ MI: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Country: _____ Sex: m/f Date of Birth: _____
Home Phone: () _____ Work Phone: () _____
Fax: () _____ Email: _____
Shirt Size: _____

PAYMENT INFORMATION

Deposit Due: \$500.00 (Non-Refundable)
Credit Card Number: _____
Expiration Date: (mm/yy) _____
Name on Card: _____

BILLING INFORMATION (if different from captain's address)

Address: _____
City: _____ State: _____ Zip Code: _____
Country: _____ Phone: () _____

Mail: **Expedition BVI** **OR** Fax: **212.402.5031**
Team Registration
40 Wall Street, 59th Fl.
New York, NY 10005