

# NORTSHORE INLINE MARATHON CORPORATE CHALLENGE AND TEAM CHALLENGE

Name of Team \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Team Captain \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

(circle one)

**Large Corporation**  
100+ employees

**Small Corporation**  
- 100 employees

**Race Team/ Skate Club**  
Waves A, B & 1-9

**Age Class**  
Waves 1-9

**Non-Profit**  
Waves A, B & 1-9

Name

Address

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

**Submit additional names on separate sheet**

**Mail To:** NSIM - Corp. Challenge  
P.O. Box 22  
Duluth, MN 55801