

## BAKER TO VEGAS CHALLENGE CUP RELAY TEAM ENTRY FORM

Team # \_\_\_\_\_

Fill in all of the information requested.  
Be accurate and notify us immediately of any changes

<b>Agency Name:</b>		<b>Last year's Team # (If known):</b>
<b>Division Name:</b>		
<b>Team Name:</b>		

### TEAM CAPTAIN INFORMATION

<b>Name:</b>		<b>Work #:</b>	
<b>Street Mailing Address:</b>		<b>Home #:</b>	
<b>City, State, Zip:</b>		<b>Cell #:</b>	
<b>E-Mail (HOME) Address:</b>		<b>Fax #:</b>	

### TEAM CO-CAPTAINS INFORMATION

<b>Name:</b>		<b>Work #:</b>	
<b>Street Mailing Address:</b>		<b>Home #:</b>	
<b>City, State, Zip:</b>		<b>Fax #:</b>	
<b>E-Mail Address:</b>		<b>Cell #:</b>	

### FOR THE V.I.P. RECEPTION CHIEF/ SHERIFF/ AGENT-IN-CHARGE ONLY:

<b>Name:</b>		<b>Title:</b>	
<b>Street Mailing Address:</b>		<b>Phone:</b>	
<b>City, State, Zip:</b>			

E-MAIL ENTRY FORM TO: [chuckfoote@bakervegas.com](mailto:chuckfoote@bakervegas.com)

**LAPRAAC**  
**B/V Challenge Cup Relay**  
**P.O. Box 861148**  
**Los Angeles, CA 90086-1148**

**FAX # - (323) 222-0629**  
**PHONE # - (323) 221-5222 EXT. 220**  
**E-MAIL: - [chuckfoote@bakervegas.com](mailto:chuckfoote@bakervegas.com)**  
**WEB PAGE: [www.bakervegas.com](http://www.bakervegas.com)**