

LOS ANGELES POLICE REVOLVER AND ATHLETIC CLUB

The Annual Challenge Cup – Baker to Vegas Relay
Team Contact Information

Team #	Team Name

Team Captain Name		Cell Phone or Pager #
Hotel	Hotel Phone #	Registration Name

Team Co-Captain Name		Cell Phone or Pager #
Hotel	Hotel Phone #	Registration Name

<i>Team Location Information</i>				
	Contact Name	Hotel	Hotel Phone #	Registration Name
<i>Headquarters</i>				
<i>Hospitality Suite</i>				
<i>Command Post</i>				

<i>Other Team Contacts</i>				
	Contact Name	Location (Hotel/RV)	Area+Phone #	Registration Name
<i>24 Hour</i>				
<i>Baker</i>				
<i>Shoshone</i>				
<i>Pahrump</i>				
<i>Other</i>				

<i>Other Location Information</i>

Instructions:

Use MS Word to fill in the data. Provide as much information as possible!
 Contact names should indicate REGISTRATION NAME since Room Numbers are usually NOT known in advance.
 After your contacts have established residence, they should call the INFORMATION CENTER and give them their Room #..

E-Mail the form to chuckfoote@bakervegas.com