



Sun. September 17, 2023 | 9 AM
 Cleveland Clinic - Medina Hospital
 1000 E. Washington St., Medina , Ohio 44256

**Team Information
 Can Be Found @
 WWW.RACEWITHGRACE.COM**

Please return this form by Thursday, August 31, 2023.

Team Captain Name: _____

Address: _____ Phone Number: (____) _____

City: _____ State: _____ Zip: _____ Email Address: _____

Team Name: _____

Teams must have a minimum of 10 participants

WOMEN'S (WS-WM-WL-WXL-WXXL)
 MEN'S (MS-MM-ML-MXL-MXXL)

Team Members

Last Name,	First Name	5K or	Walk	Age	Gender	T-Shirt Size	Email Address
1	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
2	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
3	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
4	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
5	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
6	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
7	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
8	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
9	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
10	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
11	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
12	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
13	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
14	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
15	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
16	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
17	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
18	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
19	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
20	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____



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Team Prizes Awarded (See Website For Details)

Total Number on Team

X \$25.00 Total Due =

Checks Payable to: **MGMF**