

**The Fifth Annual Trevor Win'E
Memorial Day CrossFit Challenge
May 30, 2011**



Team Name: _____

Team Captain

Address: _____

Team Captain Address

(cont.) _____

Team Captain Address (city, State, Zip code) _____

Email Address: _____

Team Member 1: _____ **Team Member 5:** _____

Team Member 2: _____ **Team Member 6:** _____

Team Member 3: _____ **Team Member 7:** _____

Team Member 4: _____ **Team Member 8:** _____

Active Military Teams will have Free Registration

of team members X \$50 = \$ _____

T-shirts are \$10.00 each. T-shirt sizes: XXL _____ **XL** _____ **L** _____ **M** _____ **S** _____

FREE T-shirts to the first 50 teams to register # of each size

Affiliation: Crossfit: _____ **Fire:** _____ **Law enforcement:** _____ **Open Team:** _____ **Military:** _____

If you have a target unit or individual to donate your vest please provide us with the following accurate information:

Deployed Email address of contact person: _____

Contact person name: _____

Full accurate FPO of unit _____

Address Cont. _____

Address Cont. _____

Address Cont. _____

Make Checks payable to "The Trevor Win'E Memorial Fund" This is a tax deductible donation. Mail checks to :

**CrossFit Orange County
927 Calle Negocio, Suite C&D
San Clemente CA 92673**

EIN Tax ID 20-8539627

*****You can also register at www.crossfitorangecounty.com**