2017 Youngstown Area Community Cup
Company Application

Please return by June 1, 2017.

Company Name:_____ Captain: _____

Address:_____ PO Box: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail Address:_____

Number Employed: _____ Expected number of participants:_____

Please read the following descriptions of teams carefully.

Full Team - If you've entered a full team, then you are planning on being in five or more different events. A full team receives points toward the Cup as well as awards in individual events. Cost is $600 for 5 to 17 events.

Partial Team – If you have too few participants to enter a Full Team (5 or more events), you may enter up to 4 different events as a Partial Team. Cost is $100 per event plus a $50 registration fee. Partial Teams may not earn points toward the Cup, but may still earn awards in an event.

Single Event Team – A Single Event Team may be entered at an additional fee to your Full Team if there is an over abundance of team members in an event. For example, if you have 20 walkers, and since your Full Team only allows you to enter one walk team, you may enter a second walk team at $100 per team. Single Event Teams do not receive points toward the Cup, but may still earn awards in that event.

Number of: Full Teams (Five or more events) _____

Partial Teams (Four or fewer events) _____

Single Event Teams _____

Please list the events for your Partial Team below.

_____ _____ _____ _____ _____

Please list the events for your Single Event Team(s) and the number of teams in a particular event below. e.g. Volleyball (1) Golf (3) etc.

_____ _____ _____ _____ _____

Enclose a check for $600 for each Full Team entered and $100 per event for each Single Event. Or, for a Partial Team, enclose the $50 registration fee plus $100 for each event. Make checks payable to the YMCA of Youngstown. After June 1, 2017 any requested refunds will be at 50% of the entry fee. After June 30, 2017, no refunds will be issued. Single Event teams may be added until August 4, 2017.

Amount Enclosed _____ ***Receipt Number*** _____

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