LORAIN COUNTY LINKED
CORPORATE CHALLENGE

# PARTICIPATION FORM

**Corporate Entry**: *please check selection*

☐ Title—Two Corporate Teams in each Challenge Game, a total of twenty (20) Teams.

☐ Gold— One (1) Corporate Team in all Challenge Games plus four (4) additional Corporate Teams in Challenge Games of your choice. One Additional Team per Challenge Game.
Our four (4) additional Teams will participate in the following Games:
☐ Billiards ☐ Cornhole ☐ Field Games ☐ Miniature Golf ☐ Volleyball
☐ Bowling ☐ Dodgeball ☐ 9-Hole Scramble ☐ Paintball ☐ Trivia

☐ Silver—One Corporate Team in each Challenge Game, a total of ten (10) Teams.

☐ Bronze—One Corporate Team in five (5) of the Challenge Games
We will participate in the five (5) following Games:
☐ Billiards ☐ Cornhole ☐ Field Games ☐ Miniature Golf ☐ Volleyball
☐ Bowling ☐ Dodgeball ☐ 9-Hole Scramble ☐ Paintball ☐ Trivia

Unless otherwise requested, Team Captain Registration will be done through the Lorain County Linked website. Challenge Game information will also be available through the website.

If you would prefer to receive hard copies of the Team Captain Registration and Challenge Game information, please check this box ☐

**Independent/Additional Corporate/Individual Corporate Team(s) Entry (please circle either Independent, Additional Corporate or Individual Corporate Team):**

Independent/Additional Corporate/Individual Corporate Team Entries are $150 per Team. Please indicate number of Independent/Additional Corporate or Individual Teams for each Game you will participate in:

___ Billiards ___ Dodgeball ___ Miniature Golf ___ Trivia
___ Bowling ___ Field Games ___ Paintball
___ Cornhole ___ 9-Hole Scramble ___ Volleyball

For inclusion on the Corporate Challenge Team webpage, please remit a digital copy of your business logo in 72 dpi and jpg, gif or bmp format to tbohl@noh.easterseals.com.

Also include with the email or with this form the description of your business you want to be posted on the Team webpage.

**Business/Payment Information:**

_____
Business Name

_____
Contact Person Name

_____
Address

_____
City, State, Zip

(_____)_____ _____
Contact Phone Number Contact Email

☐ Check enclosed made payable to Easter Seals

☐ VISA/MasterCard/Discover

_____
Acct. #

_____ _____
Exp. Date CVV Code

_____
Signature

Please return this form by mail or fax to:

Terri Bohl
Easter Seals
41641 N. Ridge Rd., Ste. D
Elyria, OH 44035
440.324.6602 fax