



## Application for Community Spirit Challenge

First & Last Name: \_\_\_\_\_

Team/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Is your organization a 501 (c) (3) or 501 (c) (1)? \_\_\_\_\_

If not, what local (Kalamazoo County or adjacent counties) 501 (c) (3) or 501 (c) (1) organization do you wish to name as the recipient of any cash prizes your team may win?

\_\_\_\_\_

In order to participate, your team must be able to:

- \*Provide a minimum of 10 people to staff the aid station.
- \*Ensure staffing of the aid station from 7:00am-Noon on race day.
- \*Generate energy and enthusiasm on the course.
- \*Provide your own transportation to the aid station.
- \*Adhere to all safety standards required of volunteers along the course.

What is your chosen Theme? \_\_\_\_\_

\_\_\_\_\_

Signature

Date

**NOTE: In addition to the Team Application, if your team is selected, each individual team member should register as a volunteer on the Winter Blast website.**