





## SPACE COAST RUNNERS RACING TEAM APPLICATION 2019 - 2020

## SCR Racing Team Application (application submission deadline is 4/15/19)

Name:		DOB:	
Address:			
Phone:		State	ZIP Code
Current	SCR Member? Yes No Occupation:		
	Age: Favorite Race:		
	k Handle:		
Singlet S	Sizing: Men Women   Sizes: XS S M  sizes (unisex):   XS S M L XL 2	L XL	2XL
		^L	
1. C 2. A 3. A I have r EXPECT 1. R 2. P n 3. A 4. V tr 5. V	CATION INFORMATION  Ition committee will be formed to select team members based on the following committee will be formed to select team members based on the following commitment to SCR  Application responses  Assessment of SCR team and club representation  Fread and understand the selection criteria: Yes	ROY races. If race in son. (examples: packer) Team Captains. (examples: very	et pickup, water stations,
I have r	read, understand and agree to meet or exceed all tea	m expectations: _	Yes No
1. D 2. D 3. D 4. D W	Describe why you wish to be on the SCR Racing Team. Describe how you will contribute to SCR and the SCR Racing Describe your running goals for the 2019-2020 race season Describe a running related accomplishment, memory or intervill be used for introductions in SCR promotions, social med SIGN By signing below, I certify all information is true and correct.	n. eresting story. (If se	elected for the team, this