## 2024 OFFICIAL AKRON CORPORATE CHALLENGE ENTRY FORM

TEAM INFORMATION: (Check all that apply)	□Corporate Cup Team	□Independent Team
COMPANY SIZE: (# of employees in participating office) COMPANY COORDINATOR INFORMATION:		
COMPANY NAME	COORDINATOR FIRST NAME	COORDINATOR LAST NAME
COMPANY STREET ADRESS	СІТУ	STATE/ZIP CODE
WORK PHONE	EMAIL ADDRESS	
HOW DID YOU HEAR ABOUT US?	UIII	
Corporate Cup Entry: Compete in a Corporate Cup Division Register by: (check one)	(All Events) *D  □ June 2, 2024 - \$2100	livision assigned upon registration
This is a TENTATIVE Registration Form for the 2024 Form, with Independent Registration		•
Make Check Payable & Mail to: Hermes Spor	ts & Events, 2425 W. 11 <sup>th</sup> , Suite 2, C	Eleveland, Ohio 44113
DESIGNATE YOUR CHARITY: (Corporate Cup only)		
EOD MODE INCODMATION DI EASE WANA AKD	ONCODDODATECHALLENGE O	COM or CALL 214 422 0022