

CHARLESTON FAMILY YMCA
2019 CORPORATE CUP

COMPANY NAME _____ DIVISION _____

- A. Print or type below the name of each of your company participants for up to 60 participants.

- B. All company rosters must be verified by company representative that takes responsibility for the validity of the employee roster. Attach a memo or email to final roster from this company representative confirming this requirement. (This should be a CEO, President, or HR director where possible.)

- C. Membership benefits for participants will be activated once final roster is submitted. You will be notified with a start date once information is confirmed.

PRINT OR TYPE ALL INFORMATION BELOW

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Corporate Cup Roster

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