

Entry Application for *The Raising Race 2*
in Honor of Leslie Mazzara

Please type or print below.

Name: _____

Mailing Address: _____

City/State/Zip: _____

Age: _____

All Contact Numbers: _____

Email Address: _____

Name of Teammate: _____

(Each person must fill out an application)

How you learned about *The Raising Race*:

Please mail your team's (one per person) applications with your entry fee of \$400 made payable to Leslie Mazzara Memorial Fund to the address below:

Remembering Leslie
PO Box 943
Williamston, SC 29697

You will be contacted immediately with more details about *The Raising Race*.

Thank you for your participation!