

# *Case Race*



## **Fundraiser**

Saturday, October 15<sup>th</sup>, 7:00 p.m.

*Altstadt Galerie, Frankfort*

### Registration

Team Name: \_\_\_\_\_

Team Members:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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

DATE: \_\_\_\_\_ BY: \_\_\_\_\_

# *Case Race*



## **Fundraiser**

Saturday, October 15<sup>th</sup>, 7:00 p.m.

*Altstadt Galerie, Frankfort*

Frankfort Development Trust

Receipt – \$100.00

Received From: \_\_\_\_\_

Team Name: \_\_\_\_\_

DATE: \_\_\_\_\_ BY: \_\_\_\_\_