

Team Registration for Walk Kansas - 2020

eam Name:		Team	i Captain's Name_							
Captain's Mailing Address: (eam Captain's Namety:				_Zip Code:			
aptain's Daytime Phone: (Company/0	Organization (if a w	orkplace team <u>)</u>						
aptain's E-mail:	ıtes/week per participant; C	Choose a c Challenge #2 = 4 hours/w	hallenge for your te veek per participant	am: □ Challer , Challenge #3	nge #1 <u>= 6 hc</u>	□ Ch ours/we	nalleng e <i>ek pe</i>	je #2 □ Challe <u>r participant.)</u>	nge #	
First and Last Name Captain	E-mail Address for Newsletters	Mailing Address (Apt. # and Lot #)	City	Zip Code	Circle Size			T-Shirt Color	Pd Cpt.	
					s xl	m xxl	lg 3x 4x	H. Sea Green H. Storm		
					s xl	m xxl	lg 3xl 4x	H. Sea Green H. Storm		
					s xl	m xxl	lg 3xl 4x	H. Sea Green H. Storm		
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					s xl	m xxl	lg 3xb 4x	H. Sea Green H. Storm		
o complete team registration, re 05 Broadway, PO Box 100, Col ease make checks payable to:	tonwood Falls, KS 66845	· ·	t-shirt fees (option	al) to: Flint Hil	ls Exte	ension	Distric	t – Cottonwood	l Falls	
or Office Use Only Person Paying:			Check # or Cash: Amt Pd.					Date Pd.:		

Please complete the form below, providing information for each team member as well as yourself (captain), and register your team before March 14. The