

Team Registration for Walk Kansas - 2017

Team Name:			City:			Zip Code:				
			Company	Organization (if a wo	rkplace team)			_		
Captain's E-mail:		week per participant; C	Choose a	challenge for your te	am: 🗆 Challer	ge #1	□ Cha	allenge	e #2 □ Challen	nge #3
First and Last	Name	E-mail Address for Newsletters	Mailing Address (Apt. # and Lot #)	City	Zip Code	Ci	Circle Size		T-Shirt Color	Pd Cpt.
Captain						s xl	m xxl	lg 3xl	H. Sapphire Gravel Purple	
2						s xl	m xxl	lg 3xl	H. Sapphire Gravel Purple	
3						s xl	m xxl	lg 3xl	H. Sapphire Gravel Purple	
4						s xl	m xxl	lg 3xl	H. Sapphire Gravel Purple	
5						s xl	m xxl	lg 3xl	H. Sapphire Gravel Purple	
6						s xl	m xxl	lg 3xl	H. Sapphire Gravel Purple	
		n this form with paymen eadowlark Extension Dis					dowlar	k Exte	ension Office.	
For Office Use Only	Person Payin	a:	C	Check # or Cash:	Amt	54 ·		D	ate Pd.:	