

Team Registration for Walk Kansas - 2024

eam Name:		r y method preferred. Team Ca	aptain's Name						
Captain's Mailing Address: Ci		City:	im Captain's Name Zip Code:						
aptain's Daytime Phone: ()		Company/Org	anization (if a wo	rkplace team)_					
aptain's E-mail: challenge #1 requires 150 minut nallenge #4 = 6 hours/week per	es/week per participant; Ci participant.)	Choose a chall hallenge #2 = 200 minutes,	lenge for your tea /week per particip	am: □ #1 □ #2 pant; Challenge	2 □#3 #3=4	3 □# 4 hours	4 s/weel	k per participan	nt,
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	Lavender Blue Lagoon	
					s xl	m xxl	lg 3xl 4x	Lavender Blue Lagoon	
					s xl	m xxl	lg 3xl 4x	Lavender Blue Lagoon	
					s xl	m xxl	lg 3xl 4x	Lavender Blue Lagoon	
					s xl	m xxl	lg 3xl 4x	Lavender Blue Lagoon	
					s xl	m xxl	lg 3xb 4x	Lavender Blue Lagoon	