

## **Team Registration for Walk Kansas - 2020**

Team Name:	Team (	m Captain's Name								
Captain's Mailing Address: City:				Zip Code:Zip Code:						
Captain's E-mail:	60 minutes/week p	er participant; C	Choose a cha hallenge #2 = 4 hours/we	allenge for your tear ek per participant, (	n: □ Challeng Challenge #3 =	je #1 = 6 hοι	□ Cha urs/wee	illenge ek per	e #2 □ Challeno participant.)	ge #3
First and Last Nan	E-mail	E-mail Address for Newsletters	Mailing Address (Apt. # and Lot #)	City	Zip Code	Circle Size			T-Shirt Color	Pd Cpt.
Captain						s xl	m xxl	lg 3xl	H. Seafoam H. Storm Long Sleeved t	
2						s xl	m xxl	lg 3xl	H. Seafoam H. Storm Long Sleeved t	
3						s xl	m xxl	lg 3xl	H. Seafoam H. Storm Long Sleeved t	
4						s xl	m xxl	lg 3xl	H. Seafoam H. Storm Long Sleeved t	
5						s xl	m xxl	lg 3xl	H. Seafoam H. Storm Long Sleeved t	
6						s xl	m xxl	lg 3xl	H. Seafoam H. Storm Long Sleeved t	