2024 TEAM REGISTRATION FORM (1-19-2024)

For Teams Use only -Check here to indicate that you agree to submit a waiver of responsibility

Team Name: _____

Team Captain: _____ _____

Team Donation: _____ **Cash Amount** _____ **Check** _____ **Credit Card** _____

NAME	PRE REG	ADDRESS	CITY	STATE	ZIP	EMAIL ADDRESS	AMOUNT	TSHIRT
						Total		