



Team Captain Form

**Registration forms must be received by April 5 to guarantee shirts in desired sizes.
 Registrations received on or after April 6 will still receive a shirt, but desired size may not be available.**

Team Name _____ Team Captain _____

Phone # _____ Email _____

Team Fundraising Goal _____

Team Pricing (Teams consist of 5 or more participants)

\$25 • Adult

\$15 • Youth (age 15 and under)

Please make checks payable to Emergency Food Network.

	Participant Name	Personal Fundraising Goal	Virtual	In-Person	Shirt Size
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Shirt Summary for Team Members

Adult: ____ S ____ M ____ L

____ XL ____ 2XL ____ 3XL

____ 4XL ____ 5XL

Youth: ____ S ____ M

Team Summary

Number of Adults x\$25 per member = \$ _____

Number of Youth x\$15 per member = \$ _____

Total Team Registration Amount \$ _____

Total Fundraising (not including registration) \$ _____

Total Fundraising & Registration Amount \$ _____

Team Captain use only
 Page _____ of _____

For bank use only
 Cash _____ Checks _____