



TEAM ROSTER



* Please Complete ALL Information Requested *

* Requested Information Used to Compile Mailing List for Newsletters*

TEAM CAPTAIN: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
TELEPHONE: _____
EMAIL ADDRESS: _____

TEAM MEMBER: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
TELEPHONE: _____
EMAIL ADDRESS: _____

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