

Team Captain's Report Form



A FIGHTING CHANCE FOR EVERY BABY™

Team Captain _____

Company/Dept. _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

E-mail _____

Please identify who has agreed to join your team, and help you reach your goal!

TEAMMATES

<p>Name _____</p> <p>Home Address _____</p> <p>_____ ZIP _____</p> <p>Phone _____ Fax _____</p> <p>E-mail _____</p> <p>T-shirt size (circle): S M L XL 2X 3X</p>	<p>Name _____</p> <p>Home Address _____</p> <p>_____ ZIP _____</p> <p>Phone _____ Fax _____</p> <p>E-mail _____</p> <p>T-shirt size (circle): S M L XL 2X 3X</p>
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