

Team Registration for Walk Kansas - 2022

am Name:		Team C	Captain's Name						
iptain's Mailing Address:	City:	Team Captain's Name Zip Code: Zip Code: Zip Company/Organization (if a workplace team)							
			ganization (if a wo	rkplace team)_					
aptain's E-mail: hallenge #1 requires 150 minu	tes/week per participant; Ch	Choose a cha allenge #2 = 4 hours/wee	allenge for your tea ek per participant,	am: □ Challenç Challenge #3 =	ge #1 <u>= 6 hou</u>	□ Cha rs/wee	illenge ek per	e#2 □ Challer participant.)	nge #3
First and Last Name	E-mail Address for Newsletters	Mailing Address (Apt. # and Lot #)	City	Zip Code	e Circle Size		ize	T-Shirt Color	Pd Cpt
Captain					s xl	m xxl	lg 3x 4x	H. Clay H. Teal	
2					s xl	m xxl	lg 3xl 4x	H. Clay H. Teal	
3					s xl	m xxl	lg 3xl 4x	H. Clay H. Teal	
4					s xl	m xxl	lg 3xl 4x	H. Clay H. Teal	
5					s xl	m xxl	lg 3xl 4x	H. Clay H. Teal	
6					s xl	m xxl	lg 3xb 4x	H. Clay H. Teal	
complete team registration, re 9 Burlington, KS 66839 ease make checks payable to:			-shirt fees (options	al) to: Coffey C	ounty E	xtensi	on 22	5 Cross St PO	Box
r Office Use Only Person P	aving.	Cr	Check # or Cash: Amt Pd.: Date Pd.:						