

Team Registration for Walk Kansas - 2019

Team Name:(Captain's Mailing Address:(Captain's Daytime Phone: () Comp			City:	y:			_Zip Code:			
Captain's Daytime Ph	one: ()_		Company	/Organization (if a w	orkplace tea	n <u>)</u>				
		es/week per participant; C								
First and Last	t Name	E-mail Address for Newsletters	Mailing Address (Apt. # and Lot #)	City	Zip Code	e Ci	rcle S	ize	T-Shirt Color	Pd Cpt.
Captain						s xl	m xxl	lg 3xl	H. Navy H. Orange Baseball Tee	
2						s xl	m xxl	lg 3xl	H. Navy H. Orange Baseball Tee	
3						s xl	m xxl	lg 3xl	H. Navy H. Orange Baseball Tee	
4						s xl	m xxl	lg 3xl	H. Navy H. Orange Baseball Tee	
5						s xl	m xxl	lg 3xl	H. Navy H. Orange Baseball Tee	
6						s xl	m xxl	lg 3xl	H. Navy H. Orange Baseball Tee	
		urn this form with paymen ease make checks payabl			nal) to: Fron t	ier Exte	nsion	Distri	ict; 411 S Oak,	РО
or Office Use Only	Person Paying:			Check # or Cash: Amt					Date Pd.:	