

Team Registration for Walk Kansas - 2024

Please complete the form below, providing information for each team member as well as yourself (captain), and register your team before March 29th. The individual participant fee is \$10. Apparel can be ordered at www.shopwalkkansas.com. Please provide E-mail OR mailing address to indicate newsletter delivery method preferred.

eam Name:		Team Captain's Na	me			
Captain's Mailing Address:		City:		Zip Code:		
aptain's Daytime Phon	e: <u>()</u>	Company/Organization (i	f a workplace team <u>)</u>			
Captain's E-mail: Choos		Choose a Challenge for Y	e a Challenge for Your Team: □ #1 □ #2 □ #3 □ #4			
	2.5 hours/ week per participant; 4 requires 6 hours/week per par	Challenge #2 requires 3.3 hours/week per ticipant.)	r participant; Challenge #3	3 requires 4 hours	/week per	
First and Last N	E-mail Address	Mailing Address (Apt. # and Lot #)	City	Zip Code	Pd Cpt.	
Captain						
2						
3						
4						
5						
6						
O Box 423, Garnett, K	(S 66032. Please make checks	vidual registration forms with payment of respayable to: Frontier Extension District				
or Office Use Only Person Paying:		Check # or Ca	sh: Amount	Pd.: Da	ite Pd.:	