

# Team Captain Worksheet

**Madison - December 12**

Team Name: \_\_\_\_\_  
 Team Captain Name: \_\_\_\_\_  
 Full Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Daytime phone number: \_\_\_\_\_  
 Email: \_\_\_\_\_



This team will participate in the:      5K Run \_\_\_\_\_      5K Walk \_\_\_\_\_      10K Run \_\_\_\_\_

**(For your team to qualify for team awards, five members must participate in the same event)**

Please check how you would like to receive your team goody bags:  
 Pick up at the Arthritis Foundation Office \_\_\_\_\_      Ship UPS \_\_\_\_\_      Pick up race day \_\_\_\_\_

**Note - You will not be timed without a chip**

	Name	Chip Timing	Event										Amount Paid
			10K Run	5K Run	5K Walk	S	M	L	XL	XXL			
1													\$
2													\$
3													\$
4													\$
5													\$
6													\$
7													\$
8													\$
9													\$
10													\$
11													\$
12													\$
13													\$
14													\$
15													\$
16													\$
17													\$
18													\$
19													\$
20													\$
		Reg. Forms	10K Run	5K Run	5K Walk	S	M	L	LX	XXL		Team Total	
												\$	

**T-shirt deadline for name/logo is November 13**