

## **Team Registration for Walk Kansas - 2025**

Please complete the form below, providing information for each team member as well as yourself (captain), and register your team before (insert date). The individual participant fee is \$10. Apparel (t-shirts and more) can be ordered at www.chanwalkkaneae.com Placea provide E-mail OP mailing address to indicate newsletter delivery method proferred

N ( ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		0.4		<del></del>	. 0. 1.
aptain's Mailing Address:	City:	City:			
Captain's Daytime Phone: ()	Company/Or	ganization (if a workplace team)			
Captain's E-mail:		Choose a challenge	for your te	eam: 🗆 #1	□ #2 □ #3
Challenge #1 requires 150 minu ours/week per participant, Chali		Challenge #2 = 200 minutes/week per participant.)	per partio	cipant; Challe	enge #3 = 4
First and Last Name	E-mail Address for Newsletters	Mailing Address (Apt. # and Lot #)	City	Zip Code	Pd Cpt.
First and Last Name			City	Zip Code	Pd Cpt.
First and Last Name			City	Zip Code	Pd Cpt.
First and Last Name Captain			City	Zip Code	Pd Cpt.
First and Last Name Captain			City	Zip Code	Pd Cpt.
			City	Zip Code	Pd Cpt.

Please make checks payable to: Southwind Extension District

For Office Use Only	Person Paying:	Check # or Cash:	Amt Pd.:	Date Pd.:
	1 3			