



STEP 1 Your Family Team

Family Team Captain First Name:	Family Team Captain Last Name:	E-mail:
School:	Grade:	Phone:
Address:	City:	Postal Code:

STEP 2 Your Sponsors

First Name:	Last Name:	Phone:
Address:	City:	Postal Code:
E-mail:	Total Donated:	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Credit Card #:	Expiry Date:
First Name:	Last Name:	Phone:
Address:	City:	Postal Code:
E-mail:	Total Donated:	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Credit Card #:	Expiry Date:
First Name:	Last Name:	Phone:
Address:	City:	Postal Code:
E-mail:	Total Donated:	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Credit Card #:	Expiry Date:
First Name:	Last Name:	Phone:
Address:	City:	Postal Code:
E-mail:	Total Donated:	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Credit Card #:	Expiry Date:
First Name:	Last Name:	Phone:
Address:	City:	Postal Code:
E-mail:	Total Donated:	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Credit Card #:	Expiry Date:

Total Cheques Enclosed Total Cash Enclosed Total Amount
 \$ + \$ = \$