***Taylor County Moving For A Cure is devoted to enriching the daily lives of those undergoing current cancer treatment.***

***Our mission is to be an advocate for our local community members and provide them and their loved ones with the support needed throughout treatment and recovery.***

***Please complete the team registration section below by May 1, 2022. A committee member will pick up your form and payment at your business.***

**TEAM NAME** _____

Is the team part of a Corporate Sponsorship?* _____

Number of registrations included in sponsorship? _____

**TEAM CAPTAIN** _____

Captain's email address _____

Captain's phone number _____

| **TEAM MEMBERS**<br><br>**Name** | **Address** | **City State Zip** | **Email** | **Raised $75 or more (Y/N)** | **Shirt Size*** | **Free Sponsor Registrant (Y/N)** | **Check if Cancer Survivor** |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Name | Address | City State Zip | Email | Raised $75 or more (Y/N) | Shirt Size* | Free Sponsor Registrant (Y/N) | Check if Cancer Survivor |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

*Corporate Sponsorships are not included in the fundraising/donation totals of the team.*

** Shirts are in adult sizes only*