

2019 TEAM REGISTRATION FORM

Team Captain: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Mailing Address: _____

City, State, Zip: _____

Team Sponsor: _____

Team Name: _____

Payment: Check Cash Credit Card

Cardholder Name: _____

Billing Address: _____

City, State, Zip: _____

Card #: _____

Exp. Date: _____ CVV: _____

Signature: _____

We would like to designate our team funds to one (or more) Tomorrow's Hope recipient(s):

Note: Selecting to designate your donation dollars is optional. If you do not choose where you want your money to go, your donation dollars will be granted to recipients as determined by the allocation committee. If more than one recipient is selected funds will be divided equally and a minimum of \$100 is required.

105 Alzheimer's Association of Southeastern Wisconsin

110 American Family Children's Hospital, Madison

115 Children's Hospital of Wisconsin, Milwaukee

120 Fort HealthCare, Fort Atkinson

125 Neimann-Pick Disease Foundation, Fort Atkinson

130 ProHealth Care Research Institute

135 Rainbow Hospice Care, Jefferson County

140 Rock River Free Clinic, Jefferson

145 UW Carbone Cancer Center, Madison

150 UW Cancer Center, Johnson Creek

155 Watertown Regional Medical Center

160 Watertown Area Cares Free Clinic, Watertown

Deadline for Payment, Artwork and T-Shirt Order is Tuesday, June 25th

Payment

- Your \$150 sponsorship fee includes 15 crew neck t-shirts (sizes youth - XL) with your team logo/design on the back. Add appropriate dollars per our flyer for each t-shirt or size you need above and beyond the initial 15. Make checks payable to Tomorrow's Hope.

Camera Ready Artwork

- An Adobe Illustrator or high resolution JPG file is preferred.
- A clean, neat, black & white copy of your logo or design on a 8.5 x 11 piece of paper will also work.
- If you already have a logo on file with us, you MUST come down to our office to sign and date the copy of the logo held by Tomorrow's Hope and return it with your registration form.***

Summarize your t-shirt order

- Fill out and return the detailed summary for each team member. Your information must include the following information:

- Name**
- Address, City, State, Zip**
- Phone Number**
- Email Address**
- T-Shirt Size**
- Specified t-shirt style (A, B, C, or D)**
- T-shirt Color**
- Extra costs above your 15 t-shirts**

Team Captain Signature

Date