Day of Caring T-Shirt Order Form

Team Name _____

Team Leaders Name _____**Phone #**_____

Business/Organization Name (if any) _____

Mailing Address _____ **Email** _____

Cell Phone # (*for use on the Day of Caring if needed*) _____

1) Gather Volunteers

Volunteer Name	Volunteer T-Shirt Size	Volunteer Release Rec'vd

2) Place your T-Shirt Order by August 28th

Please complete this for your volunteers.

Size	M	L	XL	XXL
# of Adult T-shirts				
# of Children T-shirts (under 21)				

3) Return this form to United Way on or before August 28th.