

Team Sign-Up Sheet

Team Name: _____

Captain: _____

Group: _____

Address: _____
Street City State Zip

Phone: _____

Team Members: (must have 4)

Captain 1. _____

2. _____

3. _____

4. _____

(Please register your team at www.veteransmemorialhospital.com or return this Team Sign-Up Sheet to the Veterans Memorial Hospital main entrance or fax at (563) 568-5550.)