

Susan G. Komen NEPA Race for the Cure[®]

Team Roster Form

Team Name: _____
 Team Captain Name: _____
 Captain Phone Number: _____
 Captain Email Address: _____

Team Category: (Check one)

Largest team in each category will be recognized Race day.

- Corporate Team
 Healthcare Team
 Community Team (family and friends)
 School Team

Thank you for forming a Team!

*If entering the Komen Race by forming an offline paper team, please **complete this form with all completed and signed registration forms**, for each team member, to the Komen office by September 8, 2017. Mail team packet to: Komen NEPA, 125 N. Washington Ave., Suite 260, Scranton, PA 18503.*

Participant Name	Recognized as Survivor (check for yes)	Competitive Runner (check for yes)	T-shirt Size	Entry Fee Amount	Donation Amount	Total
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
Total number on Team (enter below)	Total Survivors	Total Competitive Runners	Total T-shirts	Total	Total	Total All \$
#	#	#	#	\$	\$	\$

Please enter total of all t-shirts per size below:

Youth Small: ___ Youth Med: ___ Youth Large: ___ Adult Small: ___ Medium: ___ Large: ___ XL: ___ 2XL: ___

Survivor t-shirt: Small: ___ Medium: ___ Large: ___ XL: ___ 2XL: ___

This form can be duplicated for additional team member. Team questions can be directed to admin.info@konnepa.org