

Team Registration for Walk Kansas - 2024

Please complete the form below, providing information for each team member as well as yourself (captain) and register your team before April 5th. The individual participant fee is \$10. **Apparel (t-shirts and more) can be ordered at www.shopwalkkansas.com. Please provide e-mail or mailing address to indicate newsletter delivery method preferred.**

Team Name: _____ Team Captain's Name: _____

Captain's Mailing Address: _____ City: _____ Zip Code: _____

Captain's Daytime Phone: (____) _____ Company/Organization (if a workplace team): _____

Captain's E-mail: _____ Choose a challenge for your team: #1 #2 #3 #4

(Challenge #1 requires 150 minutes/week per participant; Challenge #2 = 200 minutes/week per participant; Challenge #3 = 4 hours/week per participant, Challenge #4 = 6 hours/week per participant.)

First and Last Name	E-mail Address for Newsletters	Mailing Address (Apt. # and Lot #)	City	Zip Code	Pd Cpt.
Captain					
2					
3					
4					
5					
6					

To complete team registration, return this form with payment of registration fees to your local Southwind Extension District office. If mailing, please mail to the office located at 1006 N. State Street, Iola, KS 66749. Please make checks payable to the Southwind Extension District.

For Office Use Only	Person Paying:	Check # or Cash:	Amt Pd.:	Date Pd.:
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