Team Captain Form

Name _____
Address _____
City, State, Zip Code _____
Phone Number _____
Email Address _____

The Name Of My Team Is _____

Our Total Team Goal Is _____ Pairs Of Shoes Or $ _____

the SHOE CREW

Making a Difference
Step by Step

PLEASE FILL THE FORMS OUT AND FAX BACK TO US TO CONFIRM YOUR REGISTRATION

Members of my team are: *Please fax back to us at 720-874-9721 to confirm your registration*

Name	Address	City`	State	Zip	Email	Phone	Goal

Name	Address	City`	State	Zip	Email	Phone	Goal