



Children's Miracle Network First Annual Dance Marathon Team Registration Form

Date Recvd:	_____
Recvd By:	_____
Conf. Card:	_____
For Office Use Only	

Team Name: _____

Contact person (captain): _____ Phone: _____

Local Address: _____

E-mail Address: _____

List of individuals participating (10 to 15):

- please attach individual dancer registration form for each team member.

- | | |
|----|-----|
| 1. | 9. |
| 2. | 10. |
| 3. | 11. |
| 4. | 12. |
| 5. | 13. |
| 6. | 14. |
| 7. | 15. |
| 8. | |

Captains signature: _____