



#3 Riverview Place Canmore, Alberta T1W 2B9
Tel: (403) 688-0697 fax (403)-678-6688

TEAM SUMMARY SHEET FEBRUARY 27 2010

Team Captain Name: _____

Phone Number: H: _____ W: _____

Email Address: _____

Team Name: _____

Team members (Please print first and last name clearly):

NAME

(please circle one)

- | | | | | | |
|----------|----------------|--------------|-----|-----|--------------------|
| 1. _____ | Boarder | Skier | M/F | Age | Donations \$ _____ |
| 2. _____ | Boarder | Skier | M/F | Age | Donations \$ _____ |
| 3. _____ | Boarder | Skier | M/F | Age | Donations \$ _____ |
| 4. _____ | Boarder | Skier | M/F | Age | Donations \$ _____ |

TEAM DONATION TOTAL: \$ _____
(minimum of \$1,000 per team to enter)

ALL DONATIONS NEED TO BE HANDED IN THE DAY OF THE EVENT –
participants will NOT receive a tax receipt for their own entry

