

Registration Application Team Signup

2010 Community Scavenger Hunt Fundraiser

To register, complete this form and return by August 13th, 2010; please call if need extension.

Organization Name:

Team Leader/Sponsor Contact Name:

Contact Title:

Address:

City, State, Zip:

Phone:

Fax:

Email:

Team Name:

Signature X

Date:

PARTICIPATING MEMBERS **Confirmation of receipt of your entry form and any updates will be sent to your email address.

1. NAME _____ AGE _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ ALTERNATE : _____

E-MAIL ADDRESS: _____

2. NAME _____ AGE _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ ALTERNATE : _____

E-MAIL ADDRESS: _____

3. NAME _____ AGE _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ ALTERNATE : _____

E-MAIL ADDRESS: _____

4. NAME _____ AGE _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ ALTERNATE : _____

E-MAIL ADDRESS: _____

5. NAME _____ AGE _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ ALTERNATE : _____

E-MAIL ADDRESS: _____

PAYMENT OF \$125: Checks made out to Spanda Inc. (please do not send cash)

Credit Card Name (*please circle*): Visa MasterCard Discover American Express

Name on Card:

Card Number:

Expiration Date:

RETURN TO: Spanda Inc, 3225 Williams Blvd SW, Cedar Rapids, Iowa 52404 or Fax 319-364-9828 or email spandainc@yahoo.com. If you have any questions, please contact Sandy Mostaert at (319) 350-8394.