



Team Registration Form

Team Information

Team Name _____

Team Captain _____

Contact Information for Team Captain: _____

Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

Team Members:

_____	_____
_____	_____
_____	_____
_____	_____



Team \$ Goal/Total Amount Raised By Team.

\$ _____

Make Checks Payable to "The Tour of the Litchfield Hills"

