WELLNESS_____LEAGUE (Recreational)

TEAM INFORMATION

School Year _____

(Please print or type all information)

Team Captain: First Name: _____

Last Name: _____

Contact: _____ _____ _____

Office/work/gym # Cell Phone# Email

School/Dept. Name:_____

Team Name:_____

Team Members

(please print)

Employee Name: First Last	Employee ID
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	