



<b>TEAM #</b> <hr/>
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**Team Registration Form**

To participate in the 3<sup>rd</sup> Annual Tioga United Way Adult Spelling Bee, please complete this form and return it by *Friday, March 9, 2018*. The entry fee per team is \$100 (a team consists of 2-6 people & all participants must be 21 years of age or older). Please make checks payable to Tioga United Way and mail them to 24 State Route 96, Owego, NY 13827, or call 607-687-4028 to pay with a credit card, or pay online with a Credit Card. Thank you for your support. All proceeds go to the 30 Partner Agencies of the Tioga United Way.

**Team Name** \_\_\_\_\_

Team Captain Name \_\_\_\_\_

Team Captain Phone \_\_\_\_\_

Team Captain Email \_\_\_\_\_

**Team Members**

Name _____	Email _____
Name _____	Email _____
Name _____	Email _____
Name _____	Email _____
Name _____	Email _____
Name _____	Email _____

**Team Sponsor**

(If a business or individual is sponsoring your team, please provide their name and email so we can include them on all publications and social media outlets)

Name \_\_\_\_\_ Email \_\_\_\_\_

*\*Please send your Team Sponsor's logo to [tioqaunitedway@stny.rr.com](mailto:tioqaunitedway@stny.rr.com)*

<b>For Office Use Only:</b>			Date: _____		
Cash Receipt _____	Check # _____	CC # _____			
Card Holder _____	EXP _____	CCV _____			
Phone # _____	E-mail _____				
Address _____					