



TEAM #

Team Registration Form

To participate in the 4th Annual Tioga United Way Adult Spelling Bee, please complete this form and return it by *Friday, March 8, 2019*. 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 34 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 tiogaunitedway@stny.rr.com*

For Office Use Only:

Date: _____

Cash Receipt _____ *Check #* _____ *CC #* _____

Card Holder _____ *EXP* _____ *CCV* _____

Phone # _____ *E-mail* _____

Address _____