TEAM CAPTAIN

RELAY FOR LIFE
American Cancer Society

Team Name _____

Team Number _____

Team Captain _____

Captain's Phone No. _____

ACS Unit Office _____

Relay Site _____

Please print all information.

Team Member Name	Cash	Check/ Credit Card	Verified By	Gift Program Prize/Size	TOTAL
TOTALS					

Counted By _____
(please print)

Signature _____

Verified By _____
(please print)

Signature _____

Cash $ _____

Check $ _____

Credit Cards $ _____

TOTAL $ _____

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