



Adult Team Roster Form

Team#: _____

**American Cancer Society
Relay For Life of Cheshire**

**Total: _____
Team Members**

Team Name: _____

Note: Only One Team Member Name per line

Please Check Registration Form & Fee as Complete, Enter T-Shirt Size

	Name	Phone (H/W)	Reg. / Waiver	Fee Paid	T-Shirt Size	Note
1.	(Captain)					
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						



Adult Team Roster Form

Team#: _____

American Cancer Society
Relay For Life of Cheshire

Total: _____
Team Members

Additional Team Members

Team Name: _____

Note: Only One Team Member Name per line

Please Check Registration Form & Fee as Complete, Enter T-Shirt Size

	Name	Phone (H/W)	Reg. / Waiver	Fee Paid	T-Shirt Size	Note
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						