TEAM MEMBER COLLECTION FORM

********TO BE COMPLETED BY EACH TEAM MEMBER********

518-291-9238

NAME_____
ADDRESS_____

_____

PHONE_____
TEAM NAME_____

NAME	ADDRESS/CITY/ZIP	PHONE	CASH	CHECK

Sub-total_____

Number of luminaria___**at $5 each =**_____

Grand total_____

Checks should be written to Marathon for a Better Life