OFFICE GROWLYMPICS

Team Registration

Team Name:_____

Team Color:_____ *(encouraged)* Team Song:_____*(optional)*

Team Roster

1) Member Name:_____
2) Member Name:_____
3) Member Name:_____
4) Member Name:_____

**If team does not have four members or if you want to be placed on a team, notify a coordinator. We want everyone to participate!*

*Events - Fees are $2.00 per event – per person

ALL PROCEEDS GO TO THE CHARITABLE GIVING CAMPAIGN

Indicate number *participating in each event*

Mon – Sep 18: "Chairathon" Chair Race	_____	***X $2.00 =*** _____
Tues – Sep 19: Rubber Band Archery	_____	***X $2.00 =*** _____
Wed – Sep 20: Cup Stacking	_____	***X $2.00 =*** _____
Thurs – Sep 21: Puzzle Panic	_____	***X $2.00 =*** _____
Fri – Sep 22: "Trashketball" Paper Toss	_____	***X $2.00 =*** _____

Turn in Team Registration and Entry Fees by Friday (Sept. 15th) to one of the following:

Jennifer Sommars-Link	**Materiel/Legal Division**	**402-471-1405**
Holden Armstrong	**Personnel Division**	**402-471-3045**

***Registrations will be accepted the day of events, but early registration is preferred**