

WELLINGTON COMMUNITY CHALLENGE TEAM ROSTER: DUE FEB. 9, 2024

Business/Org. \_\_\_\_\_ Team Name: \_\_\_\_\_

Team Captain: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Team Color: \_\_\_\_\_

Participant Name	Age	Relationship to Business/Org.	Shirt Size

Relationship to Business/Org: Employee/Member, Family of Employee, Retiree