WELLINGTON COMMUNITY CHALLENGE TEAM ROSTER: DUE JANUARY 3RD, 2025

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