



2020 DAY OF CARING REGISTRATION FORM

Please complete & return this form by Wednesday, July 15th.

ORGANIZATION NAME: _____

TEAM LEADER NAME: _____

TEAM LEADER PHONE NUMBER: _____

TEAM MEMBERS' INFORMATION:

NAME:

E-MAIL:

SHIRT SIZE:

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**Thank you for volunteering for the
Berwick Area United Way's 2020 Day of Caring!**