



CYSTIC FIBROSIS FOUNDATION

Saturday, October 26, 2019
Alpharetta North Park



Georgia Chapter

57 Executive Park S. Ste 380
Atlanta, GA 30329
404.325.6973

Linda Murphy

Limurphy@cff.org

fightcf.cff.org/wishforwendy

Team Registration & Fundraising

Team Spots are filled on a first come (registered), first play basis. Secure your team's spot by registering and paying the team fee of \$500 (\$275 tax deductible) by mailing, emailing or calling – see below for contact information. You can register your team now and complete/change the roster later.

Important Note on Attendance at Foundation Events: To reduce the risk of getting and spreading germs at CF Foundation-sponsored events, we ask that everyone follow basic best practices by regularly cleaning your hands with soap and water or with an alcohol-based hand gel, covering your cough or sneeze with a tissue or your inner elbow and maintaining a safe 6-foot distance from anyone with a cold or infection. Medical evidence shows that germs may spread among people with CF through direct and indirect contact as well as through droplets that travel short distances when a person coughs or sneezes. These germs can lead to worsening symptoms and speed decline in lung function. To further help reduce the risk of cross-infection, the Foundation's attendance policy recommends inviting only one person with CF to attend the indoor portion of a Foundation-sponsored event at a specific time. For the outdoor portion, the Foundation recommends that all people with CF maintain a safe 6-foot distance from each other at all times.

TEAM ROSTER

*** All teams MUST have at least 10 players (6 men, 4 women).
This information is due by **Friday, October 11, 2019!***

Team Name:

Team Captain:

Team Captain Phone:

Team Captain Address:

Team Captain E-mail:

Team Captain Playing for team: Yes/No

Emergency Contact:

Emergency Contact Phone:

Roster Information

1. Player's Name:

Gender (M/F)

Phone:

E-mail Address:

Emergency Contact:

Emergency Contact Phone:

Shirt Size:

Street Address including City, State, Zip:

2. Player's Name:
Gender (M/F)
Phone:
E-mail Address:
Emergency Contact:
Emergency Contact Phone:
Shirt Size:
Street Address including City, State, Zip:

3. Player's Name:
Gender (M/F)
Phone:
E-mail Address:
Emergency Contact:
Emergency Contact Phone:
Shirt Size:
Street Address including City, State, Zip:

4. Player's Name:
Gender (M/F)
Phone:
E-mail Address:
Emergency Contact:
Emergency Contact Phone:
Shirt Size:
Street Address including City, State, Zip:

5. Player's Name:
Gender (M/F)
Phone:
E-mail Address:
Emergency Contact:
Emergency Contact Phone:
Shirt Size:
Street Address including City, State, Zip:

6. Player's Name:
Gender (M/F)
Phone:
E-mail Address:
Emergency Contact:
Emergency Contact Phone:
Shirt Size:
Street Address including City, State, Zip:

7. Player's Name:
Gender (M/F)
Phone:
E-mail Address:
Emergency Contact:
Emergency Contact Phone:
Shirt Size:
Street Address including City, State, Zip:

8. Player's Name:
Gender (M/F)
Phone:
E-mail Address:
Emergency Contact:
Emergency Contact Phone:
Shirt Size:
Street Address including City, State, Zip:

9. Player's Name:
Gender (M/F)
Phone:
E-mail Address:
Emergency Contact:
Emergency Contact Phone:
Shirt Size:
Street Address including City, State, Zip:

10. Player's Name:
Gender (M/F)
Phone:
E-mail Address:
Emergency Contact:
Emergency Contact Phone:
Shirt Size:
Street Address including City, State, Zip:

11. Player's Name:
Gender (M/F)
Phone:
E-mail Address:
Emergency Contact:
Emergency Contact Phone:
Shirt Size:
Street Address including City, State, Zip:

12. Player's Name:
Gender (M/F)
Phone:
E-mail Address:
Emergency Contact:
Emergency Contact Phone:
Shirt Size:
Street Address including City, State, Zip:

13. Player's Name:
Gender (M/F)
Phone:
E-mail Address:
Emergency Contact:
Emergency Contact Phone:
Shirt Size:
Street Address including City, State, Zip:

14. Player's Name:
Gender (M/F)
Phone:
E-mail Address:
Emergency Contact:
Emergency Contact Phone:
Shirt Size:
Street Address including City, State, Zip:

15. Player's Name:
Gender (M/F)
Phone:
E-mail Address:
Emergency Contact:
Emergency Contact Phone:
Shirt Size:
Street Address including City, State, Zip:

**PLEASE E-MAIL THIS FORM TO ANDY LIPMAN AT Andy@andylipman.com.
IF YOU CANNOT E-MAIL IT, PLEASE CALL ANDY AT 404-512-9473.**

Thank you! Your support is invaluable.

~ANDY LIPMAN AND THE WISH FOR WENDY TEAM

The Cystic Fibrosis Foundation has unrestricted financial reserves of about 10 times its budgeted 2019 annual expenses, following a one-time royalty sale in 2014. These funds, along with the public's continuing support, are needed to help accelerate our efforts to pursue a lifelong cure for this fatal disease, fund development of new therapies and help all people with CF live full, productive lives. To obtain a copy of our latest Annual Report, visit <https://www.cff.org/About-Us/Reports-and-Financials/>, email info@cff.org or call 1-800-FIGHT-CF.