



Roof Sit Team Name: _____

Organization/School/Business: _____

Contact Person (aka: Team Captain): _____

Email Address: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Please list your 4-6 team members. Positions will be determined the day of the event, but will include: Roof Sitters (must be 18 years old), Soup Station (inside back of store), Warming Table (outside front of store) and Greeting Table (inside front of store).

1. _____ 2. _____

3. _____ 4. _____

5. _____(opt) 6. _____(opt)

Preferred Roof Sit Hour

Hours will be assigned upon receipt of Team Registration. Please indicate an hour between 8:00 am – 5:00 pm at the top of the hour. Any other starting time cannot be accommodated, as it causes conflicts with other teams. *You will receive an email (at the address listed above) stating your Roof Sit Hour when your team registration has been received.*

Your time preference, in order:

1. _____ 2. _____ 3. _____

If you have questions, please call the Council at 989-550-6261 or "Contact us" on our website: www.huroncountycancouncil.org.

Please submit your registration one of three ways:

Mail it to: Huron County CA/N Council, PO Box 332, Bad Axe, MI 48413

Fax it to: (989) 453-4451 attn: Kelli Braun

Email it to: braunk@scheurer.org