



# 2021 DAY OF CARING REGISTRATION FORM

Please complete & return this form by Friday, April 9<sup>th</sup>.

ORGANIZATION NAME: \_\_\_\_\_

TEAM LEADER NAME: \_\_\_\_\_

TEAM LEADER PHONE NUMBER: \_\_\_\_\_

## TEAM MEMBERS' INFORMATION:

NAME:

E-MAIL:

SHIRT SIZE:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_

**Thank you for volunteering for the  
Berwick Area United Way's 2021 Day of Caring!**