

# Team Registration Form (Form TR-2023-Paper)

**Highlighted Items MUST BE Provided**

**PRINTED Name Here: (LAST)** \_\_\_\_\_ **(FIRST)** \_\_\_\_\_

**Walk Number & (circle one) Men's/Women's/Women's Only:** \_\_\_\_\_

The **team fee of \$75 or whatever you can afford** can be paid at the All-Team Meeting or the Walk (check made payable to TWWC & Memo line indicating which Walk (e.g., 241WO or 242M or 242W). If you pay online, be sure you indicate which Walk it's for just like is done on a check.

**Check which boxes applies to you:**  First Time Worker  Male  Female  Director Asked Me to Serve

**Email Address:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_)\_\_\_\_-\_\_\_\_ **Phone Type (circle one):**  Cell or  Landline

**Postal Address:** (Street Address or PO Box) \_\_\_\_\_

**(Town or City)** \_\_\_\_\_ **(State/Province Abbreviation)** \_\_\_\_\_ **(Zip Code)** \_\_\_\_\_

Home Church: \_\_\_\_\_ Home Church City & State: \_\_\_\_\_

Your Walk Date or No. \_\_\_\_\_ or made my Walk/Cursillo somewhere other than Eastern Washington, Northeast Oregon or North Idaho

If there is a particular role in which you'd like to serve, enter it below. If the director(a) has asked you to serve in a particular role, enter the role and that you've been asked by the director(a) to serve in that role.

If interested in song team, what's your vocal range and/or what instrument(s) do you play?

I'm unable to serve the entire weekend. Therefore, I'd like to serve on the team(s) indicated  Love Team  Agape Team

Emergency Contact Name \_\_\_\_\_ (Phone Number) \_\_\_\_\_

**List any life-threatening food allergy(ies)** \_\_\_\_\_

**Special Medical Diet Information** (Diabetic, food allergies, etc.): \_\_\_\_\_

**Special Needs:** outlet needed for CPAP, wheelchair, hard-of-hearing, blind, deaf or specify \_\_\_\_\_

Please check a box to indicate your preference for the *Rooster Tales* newsletter

**Email Subscription** (digital version; no charge)

**Postal Mail Subscription** (paper version because of no Email address/don't use Email (no charge))

**Email and Postal Subscription** (\$7.50 annual fee by check payable to TWWC; sent to Treasurer)

**Not interested in subscribing at this time** (NEITHER by email NOR by postal mail)

Copies of newsletters are posted to our website under **Community Resources**.

I plan to sponsor a candidate whose name is \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## Form TR-2023

Mail completed application page to

Oscar Fujii

1784 Yaquina Drive

Post Falls, ID 83854

OR

e-mail scanned page to:

twwcregistrar@gmail.com

**KEEP A COPY OF THIS COMPLETED FORM. IF YOU DON'T HEAR FROM REGISTRAR W/IN 10 DAYS, CONTACT HIM/HER.**