CAPTAIN TALLY COLLECTION FORM

TO BE COMPLETED BY TEAM CAPTAIN
THIS FORM MUST LIST TEAM MEMBERS WITH EACH PERSON'S TOTALS

NAME_____

ADDRESS_____

PHONE _____

TEAM NAME_____

TEAM MEMBER	Cell Phone	# of Luminaria	Cash	Check

Number of luminaria___at $5 each =_____

Grand total $_____Checks should be written to Marathon for a Better Life

Marathon for a Better Life, **518-291-9238,** PO Box 268, Warnerville NY,12187
Marathonforabetterlife.com