

# Wheels for Meals Bicycle Poker Ride for All Ages

Meals on Wheels of Chemung County, Inc.  
409 William Street, Elmira, NY 14901  
Phone: 607-734-9535 Fax: 607-734-5267  
Email: info@mealsonwheelschemung.org



Dear Wheels for Meals Team Captain:

- Please use this form to register ALL of your Wheels for Meals team members  
*Tip: copy page 2 of the blank form before you start, in case you run out of room & need another page.*
- Please ensure each team member provides ALL requested information. We DO NOT share collected information, nor do we sell it to 3<sup>rd</sup> parties.
- Please register all participating team members. If we receive this form back in a timely manner we will mail the materials to them.
- Mail, fax or e-mail this completed form to us, and we will take care of the rest.

**TEAM NAME:** \_\_\_\_\_

TEAM CAPTAIN		
NAME:		DATE OF BIRTH: (MM/DD/YYYY)
STREET ADDRESS:		IS THIS YOUR FIRST WHEELS FOR MEALS EVENT? (CIRCLE ONE) <b>Y</b> or <b>N</b>
CITY:	STATE:	ZIPCODE:
HOME PHONE:	WORK PHONE:	EMAIL:
<b>HOW DID YOU HEAR ABOUT WHEELS FOR MEALS (CIRCLE ONE)</b>		<b>FOR OFFICE USE ONLY</b>
BROCHURE   TV   RADIO   WEB   MAILING   FRIEND OTHER _____		Application Received <input type="checkbox"/> Registration Fee Paid _____
TEAM MEMBER		
NAME:		DATE OF BIRTH: (MM/DD/YYYY)
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