



TEAM PAYMENT FORM

Team Participation fees are \$30.00 per person per event. Please use this form to determine the total amount due and remit payment to JDRF by May 28, 2008.

COMPANY: _____

TEAM CAPTAIN: _____

PHONE: _____ **EMAIL:** _____

PAYMENT METHODS:

CHECK: Make check payable to “Juvenile Diabetes Research Foundation” and remit to JDRF Capitol Chapter, 1400 K Street, NW Suite 725 Washington, DC 20005.

CREDIT CARD:

Name on card: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Type: VISA MC AMEX DISCOVER

Card Number: _____ **Exp Date:** _____

| PARTICIPANT NAME | # EVENTS ENTERED | CHECK # | CREDIT | TOTAL DUE (# of events x \$30) |
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| TOTAL DUE: | | | | |

Please use additional sheets as necessary