Mission to Cure
PLANE PULL
Raising funds for the
Leukaemia Foundation of Queensland

# Team roster

Sunday, 14 August 2011

Team name: _____

Sponsor (if applicable): _____

Captain/team coordinator: _____

Postal address: _____

Phone: _____

Mobile: _____

Email: _____

## Team members:

Please print clearly so we can read it. Thank you!

| First name | Last name | Age | Male/ Female | Waiver attached |
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**Please return your team roster and waivers to Pat Hooper at the Leukaemia Foundation of Queensland by Monday, 1 August.**

**Post: PO Box 765, Bundaberg, QLD 4670**
**Fax: (07) 4151 7173**
**Email: phooper@leukaemia.org.au**

**For more information, please phone Pat on 4151 6894.**

Leukaemia Foundation
VISION TO CURE
MISSION TO CARE

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