



TEAM CAPTAIN COLLECTION FORM

TEAM NAME: _____ CAPTAIN: _____

E-MAIL: _____ PHONE NUMBER: _____

TEAM MEMBERS

MEMBER OFFLINE TOTAL

| | | |
|-----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |
| 8. | _____ | _____ |
| 9. | _____ | _____ |
| 10. | _____ | _____ |
| 11. | _____ | _____ |
| 12. | _____ | _____ |
| 13. | _____ | _____ |
| 14. | _____ | _____ |
| 15. | _____ | _____ |
| 16. | _____ | _____ |
| 17. | _____ | _____ |
| 18. | _____ | _____ |
| 19. | _____ | _____ |
| 20. | _____ | _____ |
| 21. | _____ | _____ |
| 22. | _____ | _____ |
| 23. | _____ | _____ |
| 24. | _____ | _____ |

TOTAL OFFLINE MONIES COLLECTED BY TEAM _____
Date _____

NUMBER OF RESERVATIONS FOR Chick-fil-A BREAKFAST _____ (see Team Captain's guide)

This section to be completed by Fundraising or Team Coordinator

Online Total (to date) _____ + Offline Collections (above) _____ + Reg. credits _____ = _____

Verified by _____ on _____