

VeloSano

Team Funds Distribution Form

(To be completed by Team Captain)

Use this form to distribute Team Funds to team members. Please list the names and the dollar amount you would like each participant to receive. All individuals listed will be credited the amount indicated on this form.

TEAM NAME

TEAM CAPTAIN

EMAIL/PHONE #

\$ _____

TOTAL TEAM FUNDS TO BE DISTRIBUTED

Once completed, please scan/save and email this form to:

velosano@ccf.org

Or mail form to:

VeloSano
9500 Euclid Ave, HS1-15
Cleveland, OH 44195

If you have check and/or cash donations from team fundraisers to send in to VeloSano, please complete the **Donation Deposit Form** and mail in your donations.

Participant	\$ Amount	Notes
1. _____	_____	
2. _____	_____	
3. _____	_____	
4. _____	_____	
5. _____	_____	
6. _____	_____	
7. _____	_____	
8. _____	_____	
9. _____	_____	
10. _____	_____	
11. _____	_____	
12. _____	_____	
13. _____	_____	
14. _____	_____	
15. _____	_____	
16. _____	_____	
17. _____	_____	
18. _____	_____	
19. _____	_____	
20. _____	_____	
Total	_____	