

Samantha C. Smith Fund

Roy's Cup Team Application

Make checks payable to: Samantha C. Smith Charitable

Team Name: _____ Team Colors: _____

Team Captain: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Age: _____

Phone: _____ Email: _____

Player 2: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Age: _____

Phone: _____ Email: _____

Player 3: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Age: _____

Phone: _____ Email: _____

Player 4: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Age: _____

Phone: _____ Email: _____

Player 5: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Age: _____

Phone: _____ Email: _____

Player 6: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Age: _____

Phone: _____ Email: _____

Please send checks to the SCS Foundation PO Box 761 Auburn, NH 03032. This is a tax deductible event.