

FAMILY FEUD ENTRY FORM

Requirements: Teams of 5 people (families, businesses or organizations)

FORM:

Name of team or Captain _____

Address _____

Phone Number: _____

E-mail: _____

Signature by Parent/Guardian _____

Please make your check payable to:
Children's Miracle Network for \$25.00.

Mail application and check to:
Jessica Holmes
c/o Operation Broadway
PO Box 554
Rantoul, IL 61866

The competition will take place Saturday June 7th from 9-4 at the Rantoul Wal-Mart.
You will be notified of the time your team will compete.
