



TEAM TRACKER

Use this form to help keep your team on track to making your fundraising goal and organized for Jump Check-In.

Team Name: _____ Jump Location: _____

Team Member	Office Funds \$	Online \$	Cash \$	Checks \$	Credit Card \$	Employer Match \$	Total
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
13)							
14)							
TEAM FUNDS							
TOTALS							



Special Olympics Wyoming
 239 West 1st Street
 Casper, WY 82601
 (800) 735-8345 / (307) 235-3062

Office Verify (2 Staff Members)

Office \$ _____ Credit Card \$ _____
 Online \$ _____ Emp Match \$ _____
 Cash \$ _____ Initials: _____
 Checks \$ _____

Day of Jump Verify:

Jumper Initials _____
 Check in Initials _____