

Sports Team Roster Form

League Type		Team Name	
League Start Date		Team Captain(s)	

First & Last Name	Email Address	Employee ID #	Relationship (Select ONE)		
			Employee	Spouse	Dependent
			Employee	Spouse	Dependent
			Employee	Spouse	Dependent
			Employee	Spouse	Dependent
			Employee	Spouse	Dependent
			Employee	Spouse	Dependent
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			Employee	Spouse	Dependent
			Employee	Spouse	Dependent

Clicking the "Email Form" button should open a new email message with the completed form attached as a PDF. If this does not occur when you click the "Email Form" button, please save the form to your computer, open a new email message, attach the completed form, and email it to employeehealth@harrishealth.org.