**Instructions for the team captain:**
Please use this form for your team fundraisers to allocate donations to credit properly. Proper donation allocation affects t-shirt distribution to your team members.

Relay For Life Event Name: ____________________________________________________
Team Name:__________________________________________________________________
Team Captain Name: _________________________________________________________
Amount Raised: $ ________________________________________

Donations being submitted to Bermuda Cancer and Health Centre by:

- cash/cheque
- online transfer HSBC – SA#006-048482-011 OR 006048482511 (US)
- online transfer BNTB – SA#20006060372314-200 OR 20006-840-011607-100 (US)

Type of Fundraiser: _________________________________________________________
Date of Fundraiser: _________________________________________________________
Credit Fundraiser by (please check one to apply):

- Split equally to each team member
- Participants listed below ONLY
- Team Money Record ONLY

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<th>First Name</th>
<th>Last Name</th>
<th>$ Amount to Credit</th>
<th>Comments</th>
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Please send this form along with payment to:
Bermuda Cancer and Health Centre
Attn: Relay for Life
46 Point Finger Road, Paget DV 04
or email accounts@relayforlife-bermuda.org

**FOR ACCOUNTING USE ONLY**
Date received:______________
Amount $ entered in QuickBooks:______________
Entered by (initials):______________

For more information (official event logos, sample text) please visit [www.Bermudarelay.com](http://www.Bermudarelay.com) and check out our Team Captain Toolkit