

MONOFILAMENT MADNESS November 1, 2014 Pre-Registration Form

Individual/Family/Group	Leader Name:			
Team Name: (if applicab	le)			
Address:				
City:	State:	Zip:	Phone:	
Email:		To	tal # of Volunteers:	
How did you hear about	the cleanup (newspap	per, flyer, etc)? _		
Will	you be coming	by boat?		
Will you	be launching a	canoe/kay	ak?	_
Will you b	e leaving from	vour own	dock?	

Return this form by Friday, October 24, 2014 to:

Keep Lee County Beautiful, Inc. • Fax: (239) 791-1070 • Email: Trish@klcb.org

What to Bring

- Work or garden gloves
- Sunscreen
- Hat/sunglasses
- Protective footwear (close-toed) *Trash bags, water, soft gloves are provided.

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