



DIRT to \$ Cropping Challenge 2.0  
Team Nomination Form 2017-2019

Team Name: \_\_\_\_\_

Team Captain: \_\_\_\_\_

Contact Phone number: \_\_\_\_\_

Captain email address: \_\_\_\_\_

Billing Name and address: \_\_\_\_\_  
\_\_\_\_\_

Team Members:

First Name	Surname	Contact Number	Email address

Signed by Team Captain: \_\_\_\_\_

