



# Team Pittsburgh Membership Form - 2010 Games in Madison, WI



**Please check one:**     Athlete     Donor Family     Living Donor     Transplanted Supporter  
 Family Member     Professional

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail #2: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthday: \_\_\_\_\_

Type of Transplant: \_\_\_\_\_ Date of Transplant: \_\_\_\_\_

Transplant Center: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Any contact with your donor family?     Yes;  No

Have you attended Transplant Games?     Yes;  No    If yes, year(s) attended? \_\_\_\_\_

Prior Games events: \_\_\_\_\_

Sizes: Adult :     Small;     Medium;     Large;     XL     2XL  
Youth:     Small;     Medium;     Large;     XL

High School: \_\_\_\_\_ City: \_\_\_\_\_

College: \_\_\_\_\_ City: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Interests: \_\_\_\_\_

**Please return the completed form to:**  
**National Kidney Foundation ~ Attn: Team Pittsburgh**  
**700 5<sup>th</sup> Ave., 4<sup>th</sup> Floor ~Pittsburgh, PA 15219**