



Team Information Form

Athlete • Living Donor • Donor Family • Supporter (circle one)

Please take a moment to share your transplant story with us. This form will be used to help us promote the team in our community in addition to providing us with your contact information. All team members are required to provide this basic information as members of Team MO-KAN.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Date of Transplant and Transplant Center (if applicable): _____

Type of Transplant Received (if applicable): _____

Sports Competing In (if applicable): _____

Short Bio of Transplant experience (200 words or less, attach more paper is necessary): _____

Please include a high-res digital photo of yourself if you are able.

Signature _____

Date _____

Please return to:

Team MO-KAN
626 NE Clubhouse Drive
Lee's Summit, MO 64086
(816) 304-4914
teammokan@gmail.com