

# Team Ohio Member Form

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Preferred Method of Contact?** \_\_\_\_\_

\_\_\_\_ Transplant Recipient  
Transplant \_\_\_\_\_ Location \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_ Donor Family  
Name of Donor/Year Donated \_\_\_\_\_

\_\_\_\_ Living Donor  
Kidney \_\_\_\_\_ Liver \_\_\_\_\_ Year Donated \_\_\_\_\_

\_\_\_\_ Supporter  
Connection to Donation \_\_\_\_\_

\_\_\_\_ Transplant Professional  
Location \_\_\_\_\_ Profession \_\_\_\_\_

**Have you attended the Transplant Games in the past?** \_\_\_\_ Yes \_\_\_\_ No

If Yes, how many? \_\_\_\_\_



**Please return to:** Tonya Gomez, Team Ohio Manager  
107 DeGroff Ave, Archbold, OH 43502  
[tonyagomez72@yahoo.com](mailto:tonyagomez72@yahoo.com)  
419-572-6301