

Green Office Challenge Registration

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| --- | --- |
| Team Name |  |
| Total number of team members |  |
| Names of the team members |  |
| Team Representative  The person who will report team accomplishments on checklist. |  |
| Email address of team representative |  |
| Team campus location |  |
| Physical location on campus |  |

Please contract Laura Lauffer at [llauffer@cccc.edu](mailto:llauffer@cccc.edu) or (919) 545-8032 to request a meeting with your team to do an overview and/or answer any questions you may have.

**Email this Registration form to** [**cgiles@cccc.edu**](mailto:cgiles@cccc.edu) **to begin the GO Challenge.**