



### Miracle Cup Contest Application

**Organization or Team Competing:** \_\_\_\_\_

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

**Team Captain E-mail:** \_\_\_\_\_

**Team Captain Phone Number:** \_\_\_\_\_

Please indicate below the special events in which your organization/team will be participating. Miracle Points are awarded per member in attendance or participation in an event (whichever applies.) Organizations that place in different competitions will be awarded extra points (please check Miracle Cup Rules and Regulations form for detailed information.) Please check all that apply:

- \_\_\_\_\_ **DM Lipsync Competition**
- \_\_\_\_\_ **DM Banner Competition**
- \_\_\_\_\_ **Adopt-a-Miracle Family Program**
- \_\_\_\_\_ **Scavenger Hunt**

I have read and understood the Rules and Regulations in earning points towards the Miracle Cup Contest. I understand that an increase in participation and attendance at DM special events will result in an increased amount of Miracle Points to my respective organization/team. If any confusions or questions should arise, I should contact the Executive Directors, Leah Dunleavy, [leah\\_Donleavy@yahoo.com](mailto:leah_Donleavy@yahoo.com) or Kristen Rey, [kris1024@gmail.com](mailto:kris1024@gmail.com).

Thank you for your interest in helping change the lives of children at Miami Children's Hospital. We look forward to working with your organization/team to make miracles happen!

**DM... for the kids!**

\_\_\_\_\_  
Team Captain's Signature

\_\_\_\_\_  
Date