

Team Captain Organization Sheet

Team Captain Tip:

This site is great for coordinating: www.LotsaHelpingHands.com

My Contact Information:

Name: _____
Address: _____
Phone #1: _____
Phone #2: _____
Phone #3: _____
E-mail: _____

Areas of Assistance Requested:

- Meal Preparation
 - Snack Bags and Drinks (for taking to the hospital)
Suggestions: _____
 - Meals Delivered to House
Suggestions/Foods to Avoid/Allergies/Best Times to Deliver:

- Child Care
Names/Ages: _____
Dates/Times: _____
- House Work
Details: _____
- Yard Work
Details: _____
- Errands
 - Grocery Shopping
 - Pick Up Items: _____
 - Drop Off Items: _____
 - Other: _____
- Special Request: _____