

TEAM REGISTRATION FORM SOS WALK 2008

USE THIS FORM TO REGISTER YOUR TEAM!

YES! We would like to participate and Walk as a Team in the National SOS WALK 2008 on **Saturday, September 20th, 2008.**

Team Name: _____

Organization: _____
(e.g. company, school, social group, church, etc.)

Captain Name(s)

Address:

City, ST ZIP:

Email:

Phone:

MAYBE. Please contact me with more information about forming a team for National SOS WALK 2008. *Please circle the Maybe.*

Fax this Form to:

Fax: 1-866-516-3197