



## Team Member Registration Form

Photocopy this form and use it to register additional participants.

Fax this form to **303.962.5303** when complete.

If you have questions please contact us at **303.861.WALK (9255)** or e-mail [info@AIDSwalkcolorado.org](mailto:info@AIDSwalkcolorado.org).

**Please complete all information and print legibly.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Ste./Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Team Name: \_\_\_\_\_

I would like to volunteer in addition to walking and raising funds. Please contact me.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Ste./Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Team Name: \_\_\_\_\_

I would like to volunteer in addition to walking and raising funds. Please contact me.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Ste./Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Team Name: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Team Name: \_\_\_\_\_

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