



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.

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: _____

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