Chris Rose Walk for Autism

Saturday, April 30, 2011

TEAM Registration Form

Team Name _____

Team Type

- ❑ **Family and Friends** (of a student)

Student's Name _____

- ❑ **School**

School Name _____

- ❑ **Corporate**

Company Name _____

Fundraising Goal:

Set a fundraising goal for your team! $ _____

Team Captain's Name _____

Address _____

City _____ _____

Postal Code _____

Phone # _____

Email _____

Team Members

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