

TEAM REGISTRATION FORM AIDS WALK 2010

USE THIS FORM TO REGISTER YOUR TEAM!

YES! We would like to participate and Walk as a Team in the
22nd Annual AIDS WALK Kansas City on Saturday, April 24th, 2010.

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
AIDS WALK Kansas City. *Please circle the Maybe.*

Mail, Deliver or Fax this Form to:

AIDS WALK Kansas City
315 Lawrence Avenue
Kansas City, MO 64111
Phone: 816-931-0959
Fax: 816-931-5676