Walk Team Sign-Up Sheet

Walk Name/Date/Location: _____

Team Name: _____

Team Captain Name: _____

Company Name: _____

Company Address: _____

Team Captain Email/Phone Number: _____

Name	Email Address	Phone Number	Shirt Size

***(please note: Walk t-shirts are only available for and given to registered walkers that personally raise $100)**

Mail/Email this form to: Alzheimer's Association National Capital Area Chapter
3701 Pender Drive, Suite 400
Fairfax, VA 22030
alzwalknca@alz.org