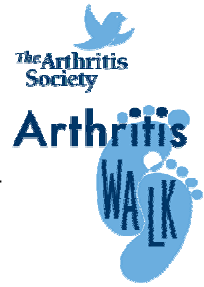


TEAM INFORMATION FORM



Team Name: _____
 Our Team will walk on behalf of our Arthritis Hero: _____
 Team Captain: _____

Company Name: _____
 Company Address: _____
 City: _____ Postal Code: _____
 Phone: () _____ Fax: () _____

Team Captain information:
 Address: _____
 City: _____ Postal Code: _____
 Phone: () _____ Cell Phone: () _____
 Email Address: _____

	NAME	ADDRESS	PHONE	EMAIL	T-SHIRT SIZE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

TEAM ROSTER

- * All Team Members must register individually to walk (see Registration Form)
- * All Registrants must sign a waiver
- * Each Walker to raise \$100 to receive an Arthritis Walk T-shirt and take-home bag