



AIDS WALK/RUN ATHENS 2008

March 1, 2008

TEAM REGISTRATION FORM

Team Name: _____ Contact Person: _____ Phone : (____) _____

Contact Person's Information: Address: _____

City: _____ State: _____ Zip Code: _____ Email Address: _____

The team registration deadline is February 22nd.

	Individual's Name	Phone	Individual's Name	Phone
1			26	
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Please note that the **minimum registration fee of \$100** for each team is due at the time of registration although additional contributions may be turned in at the walk. Every member of your team must also complete an individual registration form.