2010
TEAM REGISTRATION FORM

(To be filled out by Team Captains)

Don't wait! Submit this form as soon as you know your team name!

Team Name_____

At which location will you be participating? ☐ Kensington ☐ Stony Creek ☐ Lansing ☐ Lake Erie

Team Captain's Name_____

Address_____

City_____State_____Zip_____

Phone (Day)_(_____)_____ (Evening)_(_____)_____

Fax_(_____)_____ Email_____

No. of Walkers 'n Rollers expected_____

Your Team Fundraising Goal $_____

Mail this form to:	ALS of Michigan, Inc. 24359 Northwestern Hwy., Ste. 100 Southfield, MI 48075
Or ***fax*** to:	(248) 354-6440
Or ***register online*** at:	**www.alsofmichigan.org**

For more information call Joanne at
(800) 882-5764 ext. 225
Or email at joanne@alsofmi.org

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