



**2010
TEAM ROSTER**
(To be completed by Team Captains)

TEAM NAME
TEAM CAPTAIN

SHIRTS ARE AVAILABLE IN *CHILD'S* SMALL (6-8) and MEDIUM (10-12) and
ADULT'S SMALL, MEDIUM, LARGE, XLARGE & 2XLARGE
(PLEASE SPECIFY CHILD or ADULT SIZE)

CONTINUE ON REVERSE SIDE - USE ADDITIONAL SHEETS AS NEEDED

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**RETURN COMPLETED FORMS TO JOANNE AT LEAST 1 WEEK PRIOR TO WALK TO
ENSURE THAT MEMBERS OF YOUR TEAM RECEIVE T-SHIRTS ON WALK DAY.**

MAIL completed forms to:

**ALS OF MICHIGAN, INC.
24359 NORTHWESTERN HIGHWAY, SUITE 100
SOUTHFIELD, MI 48075
(248) 354-6440**

Or **fax** to:

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



PLEASE PRINT ALL INFORMATION CLEARLY

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