



# 2017 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 \_\_\_\_\_

Name of pALS (person with ALS) you are honoring: \_\_\_\_\_

At which location will you be participating?     Kensington     Lake Erie  
 Lansing     Midland     Stony Creek     Virtual - no physical location

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](http://www.alsofmichigan.org)

For more information call Joanne at  
(800) 882-5764 ext. 225

Or email at [joanne@alsofmi.org](mailto:joanne@alsofmi.org)



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