



2018 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 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 \$ _____

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

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

Or email at joanne@alsofmi.org

