



# 2019 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 \$ \_\_\_\_\_

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

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

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



*Lou Gehrig's Disease*