

# 5K (3.1 miles) Walking Team Registration Form



I would like to register a **Walking Team**:

\_\_\_\_\_ A team of 10 walkers @ **\$150.00**

## Team or Organization's Name

Please list the names of team members & emails:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**Team Leader Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Social Media** (Facebook, Twitter, YouTube, etc): \_\_\_\_\_

Please make all checks payable to:

**Community HealthNet Health Centers**  
**1021 W 5<sup>th</sup> Ave**  
**Gary, Indiana 46402**

*Community HealthNet are 501c (3) and donations are tax-deductible. Please consult with your Tax Advisor.*