

August 17,  
**2019**

# A FESTIVAL FOR LIFE & 5K WALK / RUN

## AIDS WALK COLORADO

### TEAM MEMBER REGISTRATION FORM

Please direct your team members to [www.AIDSwalkcolorado.org](http://www.AIDSwalkcolorado.org) to register and join your team. If you have team members who are unable to register online, please have them complete this form (one registrant per block) and then fax the completed form to us at 303.962.5303 or scan and e-mail the completed form to [info@AIDSwalkcolorado.org](mailto:info@AIDSwalkcolorado.org). **Thank you!**

**Please complete all information and print legibly.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Ste./Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
**Team Name:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Gender** \_\_\_\_\_

**I would like to volunteer in addition to walking and raising funds. Please contact me.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
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City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
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