

Annual Community HealthNet Health Centers' Breast Cancer Awareness 5K Walk (3.1 miles)

## Team Registration Form

Early Bird Registration ends Sept 15<sup>th</sup>, 2017 4:30pm  
(Early Bird Registration receives a special thank you gift)

**Team Fee \$150.00 per team**  
(A team must consist of 10 walkers)

Organizational Name: \_\_\_\_\_ (if applicable)

Team Captain Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Website/Social Media: \_\_\_\_\_

### Team Name:

Please list the names of team members & emails. Each person will receive reminder information and forms necessary for participation in the walk.

Name	Email address
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____

You may copy this page to register more than one team.

**Please make all checks payable to: Community HealthNet, Inc.**

**Mail to**  
**Community HealthNet, Inc.**  
**Attention: Patricia Greer/BCW**  
**1021 W 5<sup>th</sup> Ave**  
**Gary, Indiana 46402**



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