

5K (3.1 miles) Walking Team Registration Form



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

_____ A team of 10 walkers @ **\$300.00**

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: _____

Please make all checks payable to:

Community HealthNet Health Centers
1021 W 5th Ave
Gary, Indiana 46402

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