

TEAM REGISTRATION FORM



Thank you for registering for AIDS Walk San Francisco, to be held on Sunday, July 14, 2019.

Please return this completed form to the AIDS Walk San Francisco office. Fax it to 415.615.0215, or scan and email it to awsfteams@aidswalk.net.

To register online, visit <u>sf.aidswalk.net</u>. If you have any questions, call us at 415.615.WALK.

*Incomplete or illegible information will not be processed.

Be sure to write with blue or black ink and provide at minimum the first and last name and either an email address or complete postal address of each Team Member.

Team Name - Team Number:

Full Name:	Full Name:
Email:	Email:
Address:	Address:
Apt./Floor	Apt./Floor
City: State: ZIP:	City: State: ZIP:
Phone #:	Phone #:
$\hfill\Box$ I'd like to set a goal to raise \$1,000 and join the Star Walkers Club $\hfill^{\text{TM}}.$	$\hfill\Box$ I'd like to set a goal to raise \$1,000 and join the Star Walkers Club $\hfill^{\rm TM}$.
□ I'd like to receive a Sponsor Form in the mail	□ I'd like to receive a Sponsor Form in the mail
$\hfill\Box$ I won't be at the event but would like to register as a Virtual Walker.	$\hfill\Box$ I won't be at the event but would like to register as a Virtual Walker.
□ I'd like to help volunteer with the event.	$\hfill\Box$ I'd like to help volunteer with the event.
Optional (please circle):	Optional (please circle):
*T-shirt size: S M L XL XXL (If you raise \$150, you earn a T-shirt.)	*T-shirt size: S M L XL XXL (If you raise \$150, you earn a T-shirt.)
Gender: M F T	Gender: M F T
Age: 12 & under 13-17 18-24 25-34 35-44 45-54 55+	Age: 12 & under 13-17 18-24 25-34 35-44 45-54 55+
Full Name:	Full Name:
Full Name:	Full Name:
Email:	Email:
Email:	Email:
Email:Address:Apt./Floor	Address: Apt./Floor
Address: Apt./Floor City: State: ZIP:	Email:
Email: Address: Apt./Floor City: State: ZIP: Phone #:	Email: Address: Apt./Floor City: State: ZIP: Phone #:
Email:	Email: