



TEAM MEMBER REGISTRATION FORM

Please direct your team members to <https://rebrand.ly/fflregistration> 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 development@coloradohealthnetwork.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: _____
 Address: _____ Ste./Apt #: _____
 City: _____ State: _____ ZIP: _____
 Evening Phone: _____ Email: _____
Team Name: _____
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