



TEAM MEMBER REGISTRATION FORM

Please direct your team members to rebrand.ly/FFL_Register 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: _____

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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