



Walk Across Arizona Team Registration Form

Please submit your completed form to your community coordinator.

Team Name: _____

Team Captain's Name: _____ E-mail: _____

Captain's Telephone: _____ Address: _____

	Name	Telephone Number
Team Members:	1. _____	_____
	2. _____	_____
	3. _____	_____
	4. _____	_____
	5. _____	_____
	6. _____	_____
	7. _____	_____
	8. _____	_____
	9. _____	_____

Please limit teams to 10 members (including captain). Individual registrations MUST be completed online. Include registration fee of \$10 per person payable to University of Arizona.

MY team is made up of people in MY: (please check only one item below.)

- | | |
|---|---------------------------------|
| <input type="checkbox"/> Worksite | <input type="checkbox"/> School |
| <input type="checkbox"/> Faith Group | <input type="checkbox"/> Family |
| <input type="checkbox"/> Community Organization | Specify: _____ |
| <input type="checkbox"/> Neighborhood/HOA | Specify: _____ |
| <input type="checkbox"/> Club | Specify: _____ |
| <input type="checkbox"/> Other Team | Specify: _____ |

Team Goals: To enjoy the exercise of walking with family, friends and co-workers during *Walk Across Arizona*.

To record the miles that you walk or jog on your walking log.

To encourage your teammates and others to complete their journey.

To have fun!

Total miles to reach team's goal in 16 weeks: _____

For More Information Contact:

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