BEST BUDDIES FRIENDSHIP WALK

TEAM SIGN-UP SHEET

JOIN US IN THE BEST BUDDIES FRIENDSHIP WALK

Walk proceeds benefit Best Buddies.

DATE: _____

LOCATION/ADDRESS: _____

Please print your name, phone number and e-mail address. There is no limit to how many walkers per team.
Thank you for your support!

TEAM NAME: _____

1. TEAM CAPTAIN: _____

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15. _____

FOR MORE INFORMATION CONTACT TEAM CAPTAIN: _____

PHONE: _____

E-MAIL: _____