



WALKING LEAGUE Team Enrollment Form

2007 WINTER WALKING CHALLENGE

January 7 - March 3, 2007

ONLY FOR THE TOUGHEST!!

Yes, please enroll our team:

Organization name:

Organization address:

Primary contact person's name:

Telephone # _____ Fax # _____

Email address _____

TEAM NAME: _____

Fax (293-6685) or mail to:
Walking League, CMED
P.O. Box 9190
Morgantown, WV 26506

For additional information:
Contact Kapil at:
email: kapil20_rk@yahoo.com
phone: 293-0764

General information:
visit www.wvwalks.org (click on "Walking League")

*A donation of \$4 per team member will help cover the cost of the Challenge but it is not a requirement of participation. (Make check payable to "WV Walks" and mail to address above.)

Team member names:

1. _____

Team Captain

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

I WANT TO ENROLL AS AN INDIVIDUAL.

Please assign me to a team needing additional Members and let me know:

Name _____

Telephone # _____

Email: _____