

"Together for Life" Zoo Walk

Sponsored Walker Form 

My Goal Is:

\$250

\$500

\$750

\$1000

\$_____

Walker's Name _____ Phone _____
 Address _____ City _____ Zip _____
 Email _____
 T-shirt Size: **Small** **Medium** **Large** **XL** **XXL**

Please **PRINT** all information legibly and bring this completed form with you to the event. Visit www.CrossroadsCareCenter.org to print additional Sponsored Walker Forms.

For Office Use Only	

To register, please go online to www.CrossroadsCareCenter.org or call Alex at 248.293.0070 x107.
 Must register online by June 30 to receive zoo ticket and receive a free Event T-shirt.

First	Last	
Address		
City	ST	Zip
<input type="checkbox"/> \$20 <input type="checkbox"/> \$40 <input type="checkbox"/> \$60 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$_____ <input type="checkbox"/> BILL ME <input type="checkbox"/> PAID <input type="checkbox"/> Cash <input type="checkbox"/> Check		

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