



Team Registration Form

Team Captain: _____

Team Name: _____

(Please make sure to share this name with All your team members so that receive proper credit for the donations raised by the walkers on your team)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____ **Evening Phone:** _____

Fax: _____ **E-mail:** _____

Employer: _____

My goal is to have _____ walkers and raise \$ _____

Note: In establishing a fund raising goal, assume that each walker will raise an average of \$100.

I would like to set up an appointment for my Team members and me to learn more about J-Add.

Please contact me. I may be able to help with

- Securing donations for the walk**
- Getting other families to get involved**
- Help secure corporate sponsorship**
- Recruiting volunteers for Walk day**

Mail or fax this form to:

J-ADD

190 Moore St, Suite 272

Hackensack, NJ 07601-7418

Fax: 201-457-0025

Please Visit Our Site at: www.J-ADD.com