

**Team Up to Fight Lupus!
Team Roster Form**

Team Name/Company Name _____

Team Captain's Name _____

Team Captain's Address _____

City/State/Zip _____

Home Phone _____ Work or Daytime Phone _____

E-mail _____ Fax _____

Team Member Name	Email Address / Phone	Event	Gender	Shirt Size	Age on Event Day	Registration Form & Pledges
		<input type="checkbox"/> Walk <input type="checkbox"/> Run <input type="checkbox"/> Virtual Participant	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Registration Form Received <input type="checkbox"/> Online Registration Advance Pledges Rec: \$ Pledges on event day: \$
		<input type="checkbox"/> Walk <input type="checkbox"/> Run <input type="checkbox"/> Virtual Participant	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Registration Form Received <input type="checkbox"/> Online Registration Advance Pledges Rec: \$ Pledges on event day: \$
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