REGIONAL CARE 5K RUN / WALK FOR AIDS

Name: _____

Address: _____

Phone: _____ **E-Mail:** _____

Team: _____

May be photocopied as needed.

Remember: **ALL of the money collected by Walkers and Runners is used to support HIV-related services in our communities**

NAME OF SPONSOR	ADDRESS	CITY, ST, ZIP	PLEDGED	COLLECTED	CHECK	CASH
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Win Great Prizes!
All money must be collected and turned in by Walk / Run Day to eligible for prizes.

To Register or Have Questions:
Regional CARE Association
2420 Glenwood Ave., Joliet, IL 60435
815/722-7000
www.regionalcare.org

TOTAL COLLECTED: _____

OK Init: _____