



Regional CARE AIDS Walk

2420 Glenwood Ave. – Joliet, IL 60435
Phone: (815) 722-7000 Phone: (815) 722-7180
www.regionalcare.org

TEAM CAPTAIN GUIDE

WHY FORM A TEAM:

- HIV/AIDS is an issue affecting many people in our community
- Funds from the Walk help to provide:
 - o Medical care for people living with HIV/AIDS
 - o Counseling for people living with HIV/AIDS and those close to them
 - o Free awareness / prevention programs in our community
- Every person walking gives a message that "WE CARE" · Every dollar raised is important!

TEAM PACKET HAS INFORMATION ON:

- Forming a Team
- Building a Team
- Tips to Raise Money
- Registering your Team
- PLUS: Posters to help with recruitment

Use Facebook, emails, and your creativity to help solicit pledges.

FORMS INCLUDED IN PACKET:

- Team Roster (for Team Captain)
- Registration Forms for Team Members
- Pledge Sheets for Team Members

Also available for download from
www.regionalcare.org

EVENT HIGHLIGHTS

When: Saturday, October 7, 2017
Where: Lewis University Campus –
South Romeoville on Rt. 53
Distance: 5K (3.1 miles)
Registration: 9:15 am
Start Time: 10:00 am

THINGS YOU SHOULD KNOW!

Light Lunch for Everyone after Event
Pledges Help Support Needed Services

- \$35 Earns T-Shirt
- \$100 Earns Sweatshirt
- \$250 Earns T-Shirt and Sweatshirt

Deadline to Guarantee Shirts – Friday, September 22

FOR MORE INFORMATION

Call us at: (815)722-7000

Check our Website: www.regionalcare.org



Regional CARE 5K Walk & Fun Run for AIDS AIDS Walk Team Roster

This form should be kept up-to-date by the Team Captain.
Use additional sheets if necessary.

Deadline: This form must be returned no later than Friday, September 22, 2017

Send to: Regional CARE Association, 2420 Glenwood Ave., Joliet, IL 60435 or fax to: (815)722-7180.

Team Size: Teams must have at least 4 (four) members. There is no maximum team size.

This sheet is a guide to help the Team Captain keep track of each participant and to ensure each walker/runner returns all necessary information to the Team Captain.

To guarantee shirts, the Captain must forward a copy of the entire team roster (with individual registration forms) to Regional CARE Association. Photocopies will be accepted.

Please Mark Type of Team: Youth College Church Business Healthcare

In Memory / Honor of: _____

Team Name: _____

Team Captain: _____

Phone Number: _____

E-Mail: _____

Team Member	Phone or E-Mail	Reg Form	Pledge Form	Pledge Money

Total T-Shirts by Size: _____ S _____ M _____ L _____ XL _____ XXL
(T-Shirts for participants with **at least \$35** in pledges)

Total Sweatshirts by Size: _____ S _____ M _____ L _____ XL _____ XXL
(Sweatshirts for participants with **at least \$100** in pledges)



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
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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: _____