



16TH ANNUAL WALK FOR HEALTH SATURDAY, JUNE 5, 2010

TEAM CAPTAIN RECRUITMENT FORM (Only include confirmed team captains)

Due Friday, March 19, 2010 – Please fax to (816) 276-4928

Committee Name _____
 Company (if applicable) _____
 Business Address _____ City _____ Zip _____
 Home Address _____ City _____ Zip _____
 Business Phone _____ Home Phone _____
 Email _____

If you plan to also serve as a team captain, please include your name below as a team captain.

2010 TEAM CAPTAINS CONFIRMED

Name _____ Company _____ Home Address _____ _____ Phone _____ Email _____	Name _____ Company _____ Home Address _____ _____ Phone _____ Email _____
Name _____ Company _____ Home Address _____ _____ Phone _____ Email _____	Name _____ Company _____ Home Address _____ _____ Phone _____ Email _____
Name _____ Company _____ Home Address _____ _____ Phone _____ Email _____	Name _____ Company _____ Home Address _____ _____ Phone _____ Email _____
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