Join a Team Registration

I am joining the _____ Team
Name _____
Address _____
City, State, Zip Code _____
Phone Number _____
Email Address _____

Making a Difference
Step by Step

My goal is to collect _____ Pairs of shoes and/or $ _____

Minimum required goal to register is $20 or 2 pairs of new athletic shoes per individual team member

PLEASE FILL THE FORMS OUT AND FAX BACK TO US TO CONFIRM YOUR REGISTRATION

SPONSORS *Please fax back to us at 720-874-9721 to confirm your registration*

Name	Address	City`	State	Zip	Email	Phone	Shoes/$

Name	Address	City`	State	Zip	Email	Phone	Shoes/$