

2008 Ride for the Cure® Team Registration



Business/Organization Name: _____
 Team Captain: _____
 Daytime Telephone # _____ e-mail: _____
 Total Team Participants: _____
 Total # of Employees in Organization: _____
 (for team award purposes)
 Sheet # _____ of _____

	NAME	RIDE	Additional Shirt & Pin	DONATION
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Feel free to make copies as needed for additional team members