



FAMILY OR TEAM REGISTRATION

Thank you for participating in NHF Colorado's 2011 Colorado Walk for Hemophilia!

Please complete the following information in order to participate in the 2011 Colorado Walk for Hemophilia.
Only ONE form is needed per family or team.

I AM REGISTERING:

- As a family of three (3) or more individuals (\$50)
- As a Fundraising Team (registration is free to teams raising funds over \$50)

Please write clearly.

YOUR TEAM/ FAMILY NAME:

MAILING ADDRESS (for receipt/invoice):

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

TOTAL AMOUNT RAISED (for Team fundraisers only): \$ _____

I AM PAYING BY (family registrations only):

- Cash or check
- Credit card – NHF Colorado will send you an invoice by email or snail mail.

I would like a donation receipt:

I would like to be added to the NHF Colorado E-newsletter:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Yes – please send by email | <input type="checkbox"/> Yes please |
| <input type="checkbox"/> Yes – please send by snail mail | <input type="checkbox"/> No thank you |
| <input type="checkbox"/> No thank you | |

(turn over)

NHF Colorado * 1536 Wynkoop St. Box 26, Denver, CO, 80202 * (720) 336-0156 * info@cohemo.org



NAMES OF TEAM/FAMILY MEMBERS PARTICIPATING IN THE WALK:

Please write clearly.

1. _____
(Team Captain name if applicable)
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Thank you for participating in the 2011 Colorado Walk for Hemophilia!!!

