

# 2009 Alzheimer's Network of Oregon Walk to Remember TEAM CAPTAIN'S REGISTRATION CONTROL FORM

Page \_\_\_\_\_  
No \_\_\_\_\_

Team Name:

Organization:

Captain's name(s)  
& phone #'s

Team tally leave other pages blank (Page one only)

Top walker name & \$\$'s raised

Participant count at the walk

Funds turned in by pre-registration date

Funds collected at walk

Total funds by walk day

After Walk Day additional funds

**\*\*\*Note: A signed walker registration form for each walker MUST be turned in with this form for every registrant listed.**

Checked in @ Walk	Registrants Name <i>(last name first, please)</i>	Phone #	\$ by pre-regis.	\$ rec'd Walk Day	Total \$\$
	Doe, John	503-555-1212	\$25.00	\$ 75.00	\$ 100.00
1					\$ -
2					\$ -
3					\$ -
4					\$ -
5					\$ -
6					\$ -
7					\$ -
8					\$ -
9					\$ -
10					\$ -
11					\$ -
12					\$ -
13					\$ -
14					\$ -
15					\$ -
PAGE TOTALS			\$0.00	\$ -	\$ -

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**GRAY AREAS COMPLETED ON DAY OF THE WALK AT REGISTRATION TABLE. THANK YOU**