Squad Leader Participant Record

Squad Captain: _____

Organization Name: _____

Primary Phone ☐ Work ☐ Home: _____

Email Address: _____

Non Profit Name: Hope Clinic

501 (c) 3 No: 38-2469007

City, State, Zip: Ypsilanti, MI 48198

Participant Information

Runner/Walker Name	Address	City, State, Zip	Phone No.	Email	Goal$	Final$	T-Shirt Size	Signed Up?
1.								
2.								
3.								
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12.								
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14.								
15.								

Participant Information

Runner/Walker Name	Address	City, State, Zip	Phone No.	Email	Goal$	Final$	T-Shirt Size	Signed Up?
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