# 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? |
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## Participant Information

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