TEAM REGISTRATION FORM

(Please Print)

Team Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____

Your Organization's Name: _____

Address: _____

Phone: _____

T-Shirt Sizes (Indicate quantity): ____ **(M)** ____ **(L)** _____ **(XL)** _____ **(XXL)** _____ **(XXXL)**

Team Member Name	**Address**	**Phone**	**Donation**

Please send this form back via U.S. Mail by June 1, 2008 with your pre-registration fee of $50.00 per participant. $75.00 registration fee after June 6, 2008 and any other donations you may have received by then. Please send checks or money orders only made payable to Sickle Cell Disease Association of Illinois (SCDAI).

www.sicklecelldisease-illinois.org
Phone: (312) 345-1000 Toll-free: (866) 798-1097