



Sioux Falls AIDS Walk 2011 Registration Form

Name _____

Address _____

Phone _____

Fax _____

Email _____

Age _____ T Shirt Size _____

Individual Walker _____ Team _____

Name _____

Address _____

Phone _____

Fax _____

Email _____

Age _____ T Shirt Size _____

Individual Walker _____ Team _____

Please mail, drop or email this form to The Center For Equality

406 S. 2nd Ave Suite 102, Sioux Falls, SD 57104

605.331.1153

walkinfo@aidswalksiouxfalls.org

Thank you