



TEAM SIGN-UP SHEET

SATURDAY, APRIL 29, 2017

Company: _____

Team Captain: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Team Name: _____

Team Members:	Email Addresses:	Phone Numbers:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Each team of 8 is asked to raise a minimum of \$250 per member in pledges. This entitles you to the opportunity to win many prizes, including a trip for two!

Register online at www.rotaryaidswalk.ca or mail your entry form to:

Maureen Bird
Rotary District 7070 Trump AIDS Poker Walk
c/o The Rotary Club of Toronto
Royal York Hotel
Health Club Level
100 Front Street W.
M5J 1E4

Registration fees: For offline registration, please remit \$15 per team member to cover costs of food, refreshments and the Après Walk reception. Make cheque payable to “Rotary Club of Toronto Eglinton Charitable Foundation”

Registered Canadian Charitable Trust No. 89017 1994 RR0001

WWW.ROTARYAIDSWALK.CA

