

On-site registration

Triangle Walk for Moms and Midwives 2011

Registering for:

___ Individual - \$20

___ Individual plus 1 - \$30

___ Family (4) - \$40, each additional member extra \$5

___ Extra member of team - \$10

specify which team: _____

Name: _____

Address: _____

Phone: _____

e-mail: _____

Received the following shirt(s): _____

Needs the following shirts (put number of each):

___ 3XL

___ 2XL

___ XL

___ L

___ M

___ S

___ youth L

___ youth M

___ youth S

___ youth XS

___ 24 months

___ 12 months