



Choose Health Live Well



Moon Walk 2009 Team Captain's Registration Summary

Each captain is asked to complete the summary form and submit all completed registration forms to Mission Control by **March 23, 2009**.

Team Captain Name (Please Print)

Team Captain Signature

Name of Organization

Phone#

Fax#

Email

Team Information

Total number of team members (equal to number of registration forms): _____

Total number of participants new to Moon Walk: _____

Total number of participants new to Exercise: _____

SPECIAL NOTES

1. Place the Team Captain's Registration Summary form on top of all completed registration forms.
2. Pull and paperclip together all registration forms that are requesting to be added to the QCHI Community email list.
3. Send all forms to the QCHI office (mailing address: Central Park Medical Pavilion, Suite-330,1227 East Rusholme Street, Davenport Iowa 52803).
4. Please include a revised Team Captain's Registration Summary form with any future submissions.

Team Captains – remember to register yourself!