



Team Sign-Up Form

Please indicate your interest in team participation
in the NAMI Walk for Mental Health Awareness.

I am interested in organizing a team of walkers.

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

E-mail Address: _____

Team Name (if known): _____

Our Team Goals are: No. of Walkers: _____ Dollar Amount: _____

I am interested in joining a team of walkers.

Name of the team you want to join (if known): _____

Please check those items that apply:

- I want to be a team member
- I will be a primary team captain.
- I will be helping a primary team captain as an assistant team captain.

Return form by mail or fax to:

NAMI McHenry County Walk

5320 Elm Street

McHenry, IL 60050

Fax: 815-344-8335

A NAMI McHenry County Benefit: We walk for hope and recovery.