



**Continental Societies, Inc. Greater Miami Chapter**  
4th Annual 5K Walk/Run for Asthma

**TEAM CAPTAIN / CORPORATE TEAM INFORMATION FORM**

Please complete the following information and submit this form by **April 2, 2009**.

Company / Organization Name: \_\_\_\_\_

Team Captain Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Telephone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of Team Members: \_\_\_\_\_

Total Amount of Donation: \_\_\_\_\_

T-Shirt Sizes for Team Members: Adult Small \_\_\_\_\_ Medium \_\_\_\_\_  
(Please indicate # of shirts per size) Large \_\_\_\_\_ X-Large \_\_\_\_\_  
2X- Large \_\_\_\_\_

**Will your Company provide promotional items for the walk participants?  
If yes, please send the items to:**

**CONTINENTAL SOCIETIES, INC. GREATER MIAMI CHAPTER**  
5 K WALK / RUN for Asthma  
ATTN: SPONSORSHIP  
P. O Box 162238  
Miami, Florida 33116  
305-233-4594 OFC  
305-278-4108 FAX

**Please forward items by April 2, 2009.**