



Registration Form

Team Name: _____

Check-In Locations: Please check the box beside the location where you will be checking in.

- | | | | |
|---|----------------------------|--|-------------------------|
| <input type="checkbox"/> Wednesday: 7:30-9:30 | Rose Administration | <input type="checkbox"/> Thursday: 7:30-9:30 | Russell Hall |
| <input type="checkbox"/> Wednesday: 7:45-8:45 | UMC | <input type="checkbox"/> Thursday: 11:05-12:00 | Facilities |
| <input type="checkbox"/> Wednesday: 10:00-11:00 | Bidgood Hall | <input type="checkbox"/> Thursday: 12:15-1:15 | Coleman Coliseum |
| <input type="checkbox"/> Wednesday: 11:30-1:00 | Ferguson Center | <input type="checkbox"/> Thursday: 3:00-4:00 | Brewer Porch |
| <input type="checkbox"/> Wednesday: 2:00-3:00 | Nursing | | |

Team Captain: _____ **T-shirt size (circle):** S, M, L, XL, XXL

Department: _____ **Phone:** _____ **Email:** _____

Team Member: _____ **T-shirt size (circle):** S, M, L, XL, XXL

Department: _____ **Phone:** _____ **Email:** _____

Team Member: _____ **T-shirt size (circle):** S, M, L, XL, XXL

Department: _____ **Phone:** _____ **Email:** _____

Team Member: _____ **T-shirt size (circle):** S, M, L, XL, XXL

Department: _____ **Phone:** _____ **Email:** _____

Team Member: _____ **T-shirt size (circle):** S, M, L, XL, XXL

Department: _____ **Phone:** _____ **Email:** _____

*Return this form to your area Crimson Couch to 5K Coordinator
OR register online beginning September 1, 2010 at wellness.ua.edu.
Coordinators please fax registration form to Health Promotion & Wellness (348-6238)*