75 Oakcrest Lane

Aiken, SC 29803

(803) 645-8440

[info@crowninglupus.com](mailto:info@crowninglupus.com)

**Team Registration Form**

Please **print legibly** on the below document in blue or black ink.

First & Last Name:

Address:

City: State: Zip code:

Phone:

Email Address:

|  |  |
| --- | --- |
| **First & Last Name** | **T-Shirt Size (S, M, L, XL, XXL, XXXL)** |
| **1)** |  |
| **2)** |  |
| **3)** |  |
| **4)** |  |
| **5)** |  |
| **6)** |  |
| **7)** |  |
| **8)** |  |
| **9)** |  |
| **10)** |  |

**Total Amount Due: $300.00**

**\*\*\*\* Must be 10 individuals to complete a team registration.** **NO EXCEPTIONS!**

**\*\*\*\* To ensure a t-shirt comes with your registration, you** **must register by Friday, April 11th. NO EXCEPTIONS!**

**IMPORTANT: IF YOU REGISTER AFTER APRIL 11TH, IT WILL NOT COME WITH A T-SHIRT. THE REGISTRATION IS STRICTLY A DONATION.**

**If there are any Lupus or Fibromyalgia survivor(s) on your team, please fill out the below portion ONLY if they would like a 12th Annual Lupus Survivor Specialty T-shirt. Please note an additional $15.00 payment will need to be added to the registration fee for each Warrior notated below for the Warrior T-shirt.**

**\*\*\* OPTIONAL – NOT REQUIRED \*\*\***

**Warrior 1**

First & Last Name:

Phone:

Email Address:

**Warrior 2**

First & Last Name:

Phone:

Email Address:

**Warrior 3**

First & Last Name:

Phone:

Email Address:

**Acceptable Methods of Payment: Cash, Money Order, Cashier’s Check, and/or Personal Check.**

**Please make all payments payable to the following:**

**To: Crowning Lupus**

**For: Annual South Carolina Lupus Walk**

**If you would like to mail the registration form, please mail to the below address:**

Crowning Lupus

Attn: Lupus Walk Team Registration

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