

REGISTRATION for Diabetes Walkathon

NAME OF SCHOOL / GROUP: _____

ADDRESS: _____

CONTACT NAME at the VENUE: _____

MOBILE NO. _____

No.	NAME	CONTACT #	T-SHIRT SIZE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

SUMMARY

Sizes	Adult	Kids
SMALL		
MEDIUM		
LARGE		
XL		
XXL		