



Mercy Hospitals of Bakersfield



Get Moving Kern's Virtual Walk Across America Sponsored by Mercy Hospitals of Bakersfield

Registration Form-Team

Team Name: _____

Team Captain Name: _____

Team Captain Address:
(include Zip Code): _____

Email: _____

Phone #: (home) _____ (other) _____

Team Category (select one): (Individual) (Group 1-4) (Group 5-9) (Group 10-20)

Names of Team Members	1.)	11.)
	2.)	12.)
	3.)	13.)
	4.)	14.)
	5.)	15.)
	6.)	16.)
	7.)	17.)
	8.)	18.)
	9.)	19.)

10.)

20.)

Fax or Send to:
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Email: kweirather@sbcglobal.net