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**Henrico County Walks Registration Form**

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| --- | --- |
| **County Department or HCPS School:** |  |
| Team Captain: |  |
| Email: |  |
| Team Member 1: |  |
| Email: |  |
| Team Member 2: |  |
| Email: |  |
| Team Member 3: |  |
| Email: |  |

Return this form to Liz Stovall by email or fax

 Sto077@henrico.us

Fax: (804)501-7200