



REGISTER FOR THE WALK FOR ALS

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

- INDIVIDUAL
- TEAM CAPTAIN
- TAKE PART IN SPIRIT COMPETITION
- JOIN AN EXISTING TEAM (Team Name) _____

Register online at www.walkforals.ca or by emailing carol@alsnb.ca

OR SEND TO: WALK FOR ALS - 12 Isaiah Road, Berry Mills NB, E1G 2Y4