ADDITIONAL PARTICIPANTS/PLEDGES
2018 BEAUTY-N-MOTION WALK

GROUP NAME:_____ LEADER_____

NAMES	AGE	EMAIL	$Pledge	T-Shirt SIZE
			$_____	
			$_____	
			$_____	
			$_____	
			$_____	
			$_____	
			$_____	
			$_____	
			$_____	
			$_____	
			$_____	
			$_____	
			$_____	
			$_____	
			$_____	
			$_____	

By adding these names, you acknowledge that all participants accept the waiver terms:

_____ Date:_____
Team Leader Signature

Total Pledge: $_____ Total Walkers_____

Checks payable to: Black BeautyShop / mail to: P.O. Box 305, Mechanicsville, VA 23219