

2025 PINS FOR PARKINSON'S REGISTRATION FORM



INDIVIDUAL
\$60



NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE #: _____
EMAIL: _____
SHIRT SIZE: _____

TEAM
\$250

TEAM NAME: _____
TEAM MEMBERS (UP TO 5 MEMBERS):
SHIRT SIZE:
TEAM LEAD: _____

TEAM LEAD

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE #: _____
EMAIL: _____



Mail Registration Form & Payment to:
Parkinson's Nebraska - 16811 Burdette St. Ste 1 - Omaha, NE 68116
Make Checks Out to: Parkinson's Nebraska

Questions? Call 402-658-5165 or Email: nic.parkinsons.ne@gmail.com