

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 402-715-4707 or Email: info@parkinsonsnebraska.org