



HILLSIDE CHAMBER OF COMMERCE STEPPIN' OUT FOR PADS

Registration Form

Name _____

Address _____

City _____ State/Zip _____

Phone # _____

_____ \$25 Registration Fee per team (teams can be 1-5 people)

_____ Number of people on team

Payment method

_____ Cash

_____ Check

Please make all checks payable to Hillside Chamber of Commerce

Please return your completed form to: Hillside Chamber of Commerce

P.O. Box 601

Hillside, IL 60162

To ensure hats for your team, please return completed forms by October 15th.

_____ **Please mail me a pledge form**

**Pledge forms can also be downloaded from our website at
www.hillsidechamberofcommerce.com**