Walk for Life PLEDGE FORM

CRISIS PREGNANCY CLINIC OF SOUTHERN CALIFORNIA
SATURDAY, JUNE 10, 2017 - 8:00 AM REGISTRATION

VISIT GOWALKFORLIFE.ORG FOR A LIST OF PRIZES YOU CAN WIN!

Walk **TOGETHER,** Save Lives **TOGETHER**

Please Print

Walker's Name _____
FIRST LAST

Address _____

City _____ ST ___ Zip _____

Phone _____

Email _____

Church Name _____

Team Name/Captain _____

I am a ❑ individual ❑ walker ❑ team captain ❑ team member

Gender: **M** **F**

Age group: ❑ child (0-12) ❑ teen (13-19) ❑ adult (20+)

Birth month _____ day _____

Walkers: If collecting money from your sponsors, please hand in their donations - DO NOT write a total personal check for your sponsors.

Make your gift more effective: Pay now by CASH or CHECK made out to 'CPCSC' with the walker's name on the memo line.

NAME	ADDRESS	CHURCH	PHONE	$50	$25	OTHER	BILL ME	CASH	CHECK	ONLINE
Example: Susie Sponsor	1911 W. Glenoaks Blvd. Glendale, CA 91201	SoCal Church	843-0422			$100	X			

To participate in the Walk for Life, you must sign the following release: On consideration of the acceptance of this entry, I waive all claims for myself and my heirs against Avenues Pregnancy Clinic for any injury or illness which may result directly or indirectly from my participation. I further state that I am in the proper physical condition to participate in this event. In addition, I give Avenues Pregnancy Clinic permission to use photographs of me taken at the Walk for Life and associated events in future event promotion.

_____
Signature (Parent or Guardian must sign for persons under 18 years of age.) Date

WALKERS: Please add your gift and pledge totals from the above sponsors before checking in at the Walk.

BILL ME	+	CASH COLLECTED	+	CHECKS COLLECTED	+	ONLINE	+	=	TOTAL
$		$		$		$		$	