

WALK FOR LIFE

saving lives

PLEDGE FORM

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

CRISIS PREGNANCY CLINIC OF SOUTHERN CALIFORNIA
SATURDAY, JUNE 23, 2018 - 8:00 AM REGISTRATION



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
<i>Example: Susie Sponsor</i>	<i>1911 W. Glenoaks Blvd. Glendale, CA 91201</i>	<i>SoCal Church</i>	<i>843-0422</i>			<i>\$100</i>		<i>x</i>		

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
\$	\$	\$	\$	\$