

# WALK FOR LIFE

*saving lives*

## PLEDGE FORM

VISIT [GOWALKFORLIFE.ORG](http://GOWALKFORLIFE.ORG) FOR A LIST OF PRIZES YOU CAN WIN!



**CRISIS PREGNANCY CLINIC OF SOUTHERN CALIFORNIA**  
**SATURDAY, JUNE 22, 2019 - 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
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
\$	\$	\$	\$	\$