

# WALK FOR LIFE

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**SATURDAY, JUNE 23**

**Foxfire Restaurant in Alpine**

Registration at 8:30 AM • Walk begins 9 AM

For more info, call Mary at 928.339.4514.



## REGISTRATION FORM

Turn in your registration and pledge forms and pledge money at the Alpine Walk for Life.  
This form is a single, tax-deductible donation, not a per-mile pledge.

WALKER'S NAME: \_\_\_\_\_

PARENT/GUARDIAN'S NAME (if walker is 17 or younger): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

***To participate in the Walk for Life, you must read and agree to the following release:***

I waive all claims for myself (or my child) against Living Hope Centers for any injury or illness which may result directly or indirectly from my (child's) participation. I further state that I (or my child) am in the proper physical condition to participate in this event. In addition, I give Living Hope Centers permission to use photographs of me (or my child) taken at the Walk for Life in future event promotion.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(if walker is 17 or younger)

# PLEDGE FORM

WALKER'S NAME: \_\_\_\_\_

PLEASE PRINT CLEARLY				PLEDGE AMOUNT	CHECK IF:	
NAME	MAILING ADDRESS	PHONE	EMAIL		CASH	CHECK
				\$		
				\$		
				\$		
				\$		
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				\$		
				\$		
				\$		
				\$		
				\$		
<b>Total for this page</b>				\$		

**Office Use Only**

Total Cash Collected	
Total Checks Collected	
Total Number of Forms	

If you use multiple forms: Pledge Form \_\_\_\_\_ of \_\_\_\_\_