

# Walker Registration Form **"IN THEIR SHOES"** OCTOBER 13, 2012

**REGISTER ONLINE AT [WWW.INTHEIRSHOESATHENS.ORG/REGISTRATION](http://WWW.INTHEIRSHOESATHENS.ORG/REGISTRATION)**

By submitting this registration, I acknowledge and accept my personal commitment to raise a minimum of \$1,000.00 (\$900.00 if team of 5 or more) in order to be a walker on October 13, 2012.

I also understand I must submit a completed donation form with each individual donation to assure an accurate deposit to my fundraising account.

Walker Name \_\_\_\_\_  
*First then Last Name PLEASE PRINT*

Team Name (if on a team) \_\_\_\_\_ Walker # \_\_\_\_\_ (will be assigned)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email: **PLEASE PRINT LEGIBLY** \_\_\_\_\_

Sex  Female  Male **T-Shirt Size** (Circle One) S M L XL XXL XXXL **Recognize you as a cancer survivor?**  Yes  No

Are you interested in becoming a walk training coach?  Yes  No

Are you willing to share your contact information with other participants?  Yes  No

How did you hear about the walk?  Friend/Relative  Brochure  Newspaper  TV/Radio

I wish to start my fundraising with a personal donation of \$ \_\_\_\_\_

**(WALKER MUST PAY THIS FEE) Registration Fee (\$50 fee goes towards \$1000 minimum) \$ 50.00**

Total Enclosed today \$ \_\_\_\_\_

Method of Payment:  Check (made payable to Athens Regional Foundation)  Visa  MasterCard

Credit Card # \_\_\_\_\_ Security Code on reverse \_\_\_\_\_

Signature \_\_\_\_\_ Expiration Date \_\_\_\_\_

Please fax (if paying by credit card only) completed form to 706.475.6774 or mail to:

**Athens Regional Foundation**

**1199 Prince Avenue**

**Athens, GA 30606**

Your non-refundable registration fee includes training, shirt, support materials, food, & hydration during the walk.

## EMERGENCY MEDICAL INFORMATION

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Phone \_\_\_\_\_ 2<sup>nd</sup> Emergency Phone \_\_\_\_\_

Allergies \_\_\_\_\_ (Food, Medication, Environmental, etc.)

I hereby release the above information to the "In Their Shoes" walk medical team and any other medical personnel, hospital personnel, etc., that may need to care for me during the walk. By submitting application, walker assumes all risks and dangers incidental to the walk and releases the "In Their Shoes" walk, its sponsors, participants, and all agents from any and all liabilities resulting from any and all activity associated with the walk. (MUST sign below)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for registering for the 2012 "In Their Shoes" walk.

"In Their Shoes" is a group of volunteers raising funds for programs and services at the Lorán Smith Center for Cancer Support.

"In Their Shoes" • Athens Regional Foundation • 1199 Prince Ave • Athens GA 30606

[www.InTheirShoesAthens.org](http://www.InTheirShoesAthens.org) • Office 706.475.3301 • Fax 706.475.6774

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