

Walker Registration Form “*IN THEIR SHOES*” NOVEMBER 20, 2010
REGISTER ONLINE AT WWW.INTHEIRSHOESATHENS.ORG/REGISTRATION

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

By submitting this registration, I acknowledge my personal commitment to raise
a minimum of \$1,000.00 (\$900.00 if team of 5 or more).

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

I wish to start my fundraising with a personal donation of \$ _____
(MUST PAY) 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 _____ 2nd 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.*

Signature _____ Date _____

Thank you for registering for the 2010 “*In Their Shoes*” walk.

“*In Their Shoes*” is a group of volunteers raising funds for programs and services at the
Loran Smith Center for Cancer Support.

“*In Their Shoes*” • Athens Regional Foundation • 1199 Prince Ave • Athens GA 30606
www.InTheirShoesAthens.org • Office 706.475.3301 • Fax 706.475.6774



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