

Walk/5k Run for Life 2010 Registration Form

TO BENEFIT



Location
831 Tennessee St.
Vallejo, CA 94590

Check our website for more details.
www.alphaprc.org

Date: July 31, 2010
Check-in 9:30:AM
Walk/Run 10AM
Light Refreshments to follow

Walker's Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ Email: _____
Church: _____ Check here if under 18 years old

Release of Liability: I hereby agree on behalf of myself, dependent(s), and legal representatives that I accept and assume any and all risks resulting from attendance and participation in the WALK/RUN FOR LIFE and hereby release Alpha Pregnancy Resource Center and all other organizations participating, from any claim, liability or cause or action on account of injury which may occur or arise out of participation by me or my family members in the WALK/RUN FOR LIFE, on Saturday, July 31, 2010. I also give my permission for Alpha PRC to use any photographs taken that might include me at the event for future promotional material.

Signature of participant (or legal guardian if under 18 years old) _____ Date _____

Please PRINT All information and indicate total amount pledged.
Please make checks payable to: Alpha PRC For online sponsoring go to: www.alphaprc.org

<p>My Goal Is:</p> <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$350 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> Other \$ _____

<p>Raise \$100 or more Receive FREE Walk T-shirt</p>

Walker/Runner Instructions

Pre-Registration:

- ◆ To register please go to www.alphaprc.org
- *For assistance in registering please call Brianna Cahoon at (707) 449-8996

Day of Registration:

- ◆ Please bring your completed form and collected donations with you on the day of the Walk/Run.

Sponsor Form:

- ◆ Please fill out the form completely and legibly.
- ◆ There is no limit to how much you can raise, start by sponsoring yourself, and ask family, friends and co-workers.
- ◆ Make sure that YOUR name, address, phone number, and email address is in the space provided.
- ◆ Double-check your SPONSORS' entries to be sure all information is clearly provided.

Donations:

- ◆ Please COLLECT as much of the money as you can prior to the Walk/Run.
- ◆ Please indicate BOTH pledged amount and paid amount for each sponsor.
- ◆ Be sure to mark whether paid by Cash, Check or Online.
- ◆ Let your sponsors know all donations are Tax-Deductible.
- ◆ If you cannot make it to the Walk/Run, you can bring your sponsor form to the office at 138 S. Orchard Ave Vacaville CA, 95688 or submit it online at www.alphaprc.org, and Walk or Run later.*More sponsor forms are available at our office or online at www.alphaprc.org

Sponsor Form (cont. on back)

<p>Name: _____ Address: _____ City: _____ State: _____ Zip: _____ <input type="checkbox"/> \$20 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> BILL ME or PAID <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Please add me to mailing list <input type="checkbox"/> <input type="checkbox"/> Online Sponsoring</p>	<p>Name: _____ Address: _____ City: _____ State: _____ Zip: _____ <input type="checkbox"/> \$20 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> BILL ME or PAID <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Please add me to mailing list <input type="checkbox"/> <input type="checkbox"/> Online Sponsoring</p>
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Walker/Runner's Name: _____

Sponsor Page # _____ of _____

Walk/5k Run for Life 2010 Sponsor Form

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Please record totals!	Page Totals: \$ _____	\$ _____	\$ _____
	All Pledge Amount	BILL Amount	PAID Amount