

Oral Cancer Walk 2011 Registration Form

Name: _____

Address: _____

City/State/Zip: _____

Phone Number:(H)_____ (W)_____ (C)_____

T-shirt Size: ADULT: XXXL XXL XL L M S
YOUTH: L M
Please circle size choice

*With my registration I am making a commitment to walk on May 21st, 2011 – **Rain or Shine, Hot or Cold.** My pre-registration holds a shirt for me and I will be present. I understand that I must have at least one sponsor and raise a **minimum** of \$25.*

Signature: _____ Date: _____

PRE-REGISTRATION IS PREFERRED...WE STRONGLY RECOMMEND SENDING IN YOUR REGISTRATION FORM WITH THE \$25 MINIMUM AND THEN CONTINUE TO GET ADDITIONAL SPONSORS

4th Annual Oral Cancer Awareness Walk

“Join The Fight”
“Support Oral Cancer Awareness!”

May 21st, 2011
Buhl Park, Hermitage, PA
Shelter #4

Registration: 10:00 AM
Check in for pre-registered
walkers: 10:30 AM
Opening remarks and
start of the walk 11:00 AM

The walk consists of one full lap around
the perimeter of the park,
approximately 2.5 miles.

At check in/registration all walkers will
receive their T-shirts, turn in their pledges
and completed pledge forms.

Upon completion of the walk, all walkers
will receive a complimentary bag from Dr.
Dale Spadafora.

Lunch provided for all walkers by
Subway!!

Then a drawing for gift baskets and gift
cards donated by local businesses!!

**Retain this section for your personal
reference.**