

THE WALK TO FIGHT BREAST CANCER

SATURDAY, OCTOBER 23, 2010

REGISTRATION FORM

Name _____
Address _____
City _____ State _____ Zip _____
Day Phone _____ Evening Phone _____
Email _____

Entry Fee: \$30 for adults; \$15 for children ages 2 – 12
***\$40 after Wednesday, October 20, 5:00 p.m.**

Enclosed is a check (payable to Inova Alexandria Hospital Foundation) for \$ _____ for _____ adult walkers and _____ children. Includes T-Shirt.

Please specify the quantity of shirts:

_____ Adult M _____ Adult L _____ Adult XL _____ Adult XXL _____ Child L (10 - 12)

I would like to purchase a Walk sweatshirt. Pink ribbon/purple lettering on grey. \$30 Adult sizes.

Specify quantity: _____ M _____ L _____ XL _____ XXL

Are you a breast cancer survivor? Yes (Survivors will receive a pink ladies tee)

Team Name (if 5 or more walkers): _____

Please send brochures/posters for me to display at work.

I am unable to attend but have enclosed my tax deductible donation of \$ _____

My company would like to be a corporate sponsor. Please call me at _____

I would like to make an additional contribution to the Breast Cancer Surgical Fund for \$ _____

Check with your employer about matching funds!

Please read: Submission of this entry constitutes an acknowledgement that the Walker is physically able to undertake the Walk, and is a waiver of any and all claims arising out of the Walk which the Walker might assert against any parties, the Walk to Fight Breast Cancer, Inova Alexandria Hospital, the City of Alexandria and its agencies, and any sponsors, their representatives and successors, connected with the Walk. In addition, the Walker assents to the use of any photo, film or video tape of the event for any purpose.

Signature of Participant (**REQUIRED**)

If under 18, signature of parent or guardian is required.

MAIL REGISTRATION AND ENTRY FEE TO:

Alexandria Walk to Fight Breast Cancer • 421 King Street, Suite 400 • Alexandria, VA 22314