

INDIVIDUAL REGISTRATION/DONATION

Pre-register by June 23, 2023 for a reduced rate and a guaranteed t-shirt!

Check here for donation only

Name: Adults: (Mr. Mrs. Ms.) _____
Circle one

Children: _____
Register your immediate family on a single form. Other individuals must complete a separate form.

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Each walk participant may select a t-shirt.

If you would prefer not to receive a t-shirt, please check here No t-shirt

Otherwise, please indicate t-shirt quantities for walkers below:

Adult: ___ S ___ M ___ L ___ XL ___ 2XL
 Youth: ___ YXS (2-4) ___ YS (6-8) ___ YM (10-12) ___ YL (14-16) ___ YXL (18-20)

Pre registration fees (by June 23):

After June 23, please register on site. On-site registration fees will be \$30 adults, \$20 children

Number of adults: _____ (x \$25) \$ _____

Number of kids (15 and under): _____ (x \$20) \$ _____

Total registration fee(s): \$ _____

Donation(s): \$ _____

Please acknowledge additional donors on page 2.

Total enclosed: \$ _____

All proceeds from this fundraising activity benefit Superior Health Foundation, and are earmarked exclusively for the Upper Michigan Brain Tumor Center at UP Health System – Marquette.

Make check payable to:
 Walk in the Park/Superior Health Foundation

Return to: Walk in the Park
 PO Box 3431
 Ann Arbor, MI 48106-3431

WALKERS: Please read waiver and sign below. We cannot accept unsigned entries.

In consideration of the acceptance of my entry for the Walk in the Park for Brain Tumor Research (hereafter "Walk in the Park"), I hereby release, on behalf of myself, my heirs and assigns, Upper Michigan Brain Tumor Center, Superior Health Foundation, City of Escanaba, Walk in the Park and any volunteers, sponsors, organizers, officers, agents and employees of the aforesaid from any and all claims, demands, damages, actions, or rights of action of any kind or nature, including but not limited to injuries to person or damages to property, arising out of or in any way related to my participation in the Walk in the Park. I also grant permission to the foregoing to use any photographs, motion pictures, recordings or other records of this event for any legitimate purposes.

 Signature of registrant

 Date

 Parent or guardian signature

 Date

(on behalf of registrants under 18 years of age)

 Signature of registrant

 Date

ADDITIONAL DONORS

*Ask friends and family to support you with a donation.
Attach additional pages as needed.*

1. Name: _____

Address: _____

Phone: _____ E-mail: _____

Donation: \$ _____

6. Name: _____

Address: _____

Phone: _____ E-mail: _____

Donation: \$ _____

2. Name: _____

Address: _____

Phone: _____ E-mail: _____

Donation: \$ _____

7. Name: _____

Address: _____

Phone: _____ E-mail: _____

Donation: \$ _____

3. Name: _____

Address: _____

Phone: _____ E-mail: _____

Donation: \$ _____

8. Name: _____

Address: _____

Phone: _____ E-mail: _____

Donation: \$ _____

4. Name: _____

Address: _____

Phone: _____ E-mail: _____

Donation: \$ _____

9. Name: _____

Address: _____

Phone: _____ E-mail: _____

Donation: \$ _____

5. Name: _____

Address: _____

Phone: _____ E-mail: _____

Donation: \$ _____

10. Name: _____

Address: _____

Phone: _____ E-mail: _____

Donation: \$ _____