

Annual Community HealthNet Health Centers' Breast Cancer Awareness 5K Walk (3.1 miles)

Individual Walker Registration Form

Early Bird Registration ends Sept 15th, 2017 4:30pm
(Early Bird Registration receives a special thank you gift)

Fee-\$ 20.00



I am registering for the walk as:

- An individual walker with a single \$20.00 donation
- A Survivor and will be an individual walker with a single \$20.00 donation.
- An individual walker in honor of someone with a \$20.00 donation and I am also donating \$5 per each name listed below. Names will be displayed on our Honoree Board.
 - _____
 - _____
 - _____
 - _____
 - _____

Additional Names can be listed on the back

Total Amount Enclosed \$ _____

Registering Walker's Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Social Media (Facebook, Twitter, YouTube, etc): _____

- This is my first time at this event
- I have been to this event before this is my first time as a walker
- I have participated as a walker for _____ years.

Please make all checks payable to: **Community HealthNet, Inc.**

Mail to
Community HealthNet, Inc.
Attention: Patricia Greer/BCW
1021 W 5th Ave
Gary, Indiana 46402

Community HealthNet are 501c (3) and donations are tax-deductible. Please consult with your Tax Advisor.