



Instructions

- 1) Please fill out this form completely so we can ensure you receive credit for donations you raise.
- 2) The registration fee for this event is \$25 - you will receive an event t-shirt and a water bottle.
- 3) Please send in a copy of this form and your registration fee (check or credit card info below) to ensure you are pre-registered for this event. You may fax this in to 707-317-9449 or mail a copy to The Gail P. Ramos Lung Cancer Foundation, 4160 Suisun Valley Road, Suite E-315, Fairfield, CA 94534 to confirm your reservation
- 4) Bring all of your donations to the event. Make sure checks are made payable to the Gail P. Ramos Lung Cancer Foundation.
- 5) Make a copy of your sponsorship form and keep it to collect any donations not brought to the event. You will turn in the original at the time of your registration.
- 6) You must sign the waiver at the bottom of this form to participate in this event. There are no exceptions.
- 7) If you are participating as a team, make sure your company name is filled in and the name of your captain.
- 8) Double the power of your gift! Check to see if your company has a matching gift program, and if so, please fill out a matching gift form and provide it to us with your donations.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Walk Location: \_\_\_\_\_

Your company or organization: \_\_\_\_\_

Are you on a team?: \_\_\_\_\_ If so, who is the captain?: \_\_\_\_\_

Does your company have a matching gift program?: \_\_\_\_\_

Are you walking in honor of someone? \_\_\_\_\_

I am unable to walk in this event, but I would like to help:

I would like to volunteer - please contact me

I am enclosing a donation of:  \$100  \$75  \$\_\_\_\_\_

I am enclosing a check made payable to the Gail P. Ramos Lung Cancer Foundation

I am enclosing my registration fee of \$25

Please charge my credit card

Mastercard  Visa

Card number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Cardholder name: \_\_\_\_\_ Signature: \_\_\_\_\_

Waiver: I hereby waive all claims against the Gail P. Ramos Lung Cancer Foundation, sponsors, or any personnel associated with this event for any personal injury I might suffer while participating in this event. I grant full permission for the organizer to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

Participant signature: \_\_\_\_\_

(Parent or guardian must sign if participant is under the age of 18)