



Safe Journey

P.O. Box 208

Union City, PA 16438

814-438-2675

Walk A Mile In Her Shoes®- Union City PA

Saturday, October 1st 2016

Registration: 9:30 @Union City Little League Fields

3rd Annual Walk A Mile In Her Shoes® Walk/ Union City Homecoming Parade begins: 9:30 a.m.

14789

Registration Form

Registration Levels: Anyone may march in the event. The 1st 100 registered participants receive a free t-shirt and anyone registered by Sept. 19, 2016 can use a pair our red high heeled shoes (*made for men*) during the event

- Individual Participant (\$15.00)
- Team Sponsorship (\$10 per team member, minimum 4 members per team)

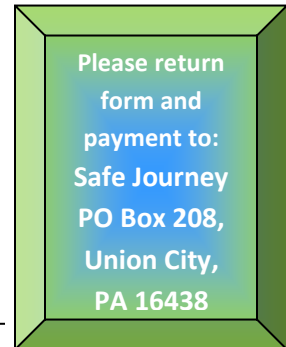
(The person filling out this form becomes Team Captain. Please list other team members below. Other team members do not need to register separately)

Walker Information for Individual Participant or Team Captain: (please print clearly)

Name: _____ Email: _____

* Phone: _____ T-Shirt Size (S, M, L, XL, XXL) _____

Address: _____ City: _____ Zip: _____



Shoe Size: (Red high heels will be provided those who register before September 18, 2015): _____ (use regular men sizes)

TEAM NAME: _____

Name: _____ Address: _____

Shoe Size: _____ (use regular men sizes) T-Shirt Size (S, M, L, XL, XXL) _____

Name: _____ Address: _____

Shoe Size: _____ (use regular men sizes) T-Shirt Size: (S, M, L, XL, XXL) _____

Name: _____ Address: _____

Shoe Size: _____ (use regular men sizes) T-Shirt Size: (S, M, L, XL, XXL) _____

Name: _____ Address: _____

Shoe Size: _____ (use regular men sizes) T-Shirt Size: (S, M, L, XL, XXL) _____

Name: _____ Address: _____

Shoe Size: _____ (use regular men sizes) T-Shirt Size: (S, M, L, XL, XXL) _____

(If you have more than 6 team members, please list them on a separate sheet)



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We encourage each participant to RAISE PLEDGES as a team or individually to help raise additional funds to support local victims of domestic/dating violence.

Donations:

- My check for registration is enclosed
- I am unable to walk, but please accept my donation of \$ _____
- Please charge \$ _____ to my VISA Master Card Discover

Card Number: _____ Expiration Date: _____

CVC Code (3 digit code on back of card): _____

Authorized Signature: _____

Please return form and payment to Safe Journey PO Box 208, Union City, PA 16438

DEADLINE: September 26th, 2016

Make checks payable Safe Journey

After you have submitted your paid registration, we will send a donation envelope

Waiver

In consideration of my entry into the Safe Journey October 1st, 2016 Walk a Mile in Her Shoes® event, I waive and release any and all rights and claims for damages I have or may hereafter have against the event organizers, its principals, its employees, all sponsors and their representatives, and all claims of damages, demands, actions whatsoever in any manner, as a result of my participation in the "Walk a Mile"® event, including travel to and from the event. I attest and verify that I am physically fit for completion of this event and I have not been advised otherwise by a qualified medical person. Further, I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video, or media of the event without compensation.

PARTICIPANT NAME (PLEASE PRINT)

SIGNATURE

PARTICIPANT NAME (PLEASE PRINT)

SIGNATURE

PARTICIPANT NAME (PLEASE PRINT)

SIGNATURE

PARTICIPANT NAME (PLEASE PRINT)

SIGNATURE

PARTICIPANT NAME (PLEASE PRINT)

SIGNATURE

PARTICIPANT NAME (PLEASE PRINT)

SIGNATURE

****If more than 6 team members, please make a copy of this sheet for additional signatures****

TEAM NAME