

Safe Journey

P.O. Box 208 Union City, PA 16438 814-438-2675

Walk A Mile In Her Shoes®

Thursday September 20th, 2018 6:00 PM

**Walk A Mile In Her Shoes® Walk/ Corry Homecoming Parade. Meet at our float at High School at 5:00 PM
E. Pleasant St., Corry, PA**

Registration Form

Can register up to day of event.

Registration Levels: Anyone may walk in the event. The 1st 50 registered participants receive a free t-shirt and anyone can wear a pair of our red high heeled shoes (*made for men*) during the event as long as our supply lasts.

- Individual Participant (\$10.00)
- Team Participant \$10 per team member (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 as long as our supply lasts): **(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)

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

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
 Make checks payable to Safe Journey**

Waiver

In consideration of my entry into the Safe Journey Sept.20,2018 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



Preferred Registration Date is by September 20th.
 But walkers are welcome to register up to time of walk.
 Call us at Safe Journey 814-438-2675 or
 email at mysafejourney@verizon.net
 for questions on registration, sponsorship or more forms.