



Walker Registration

(Please complete and mail to Hope Crisis Pregnancy Center P.O. Box 31317, Flagstaff, AZ 86003)

First: _____ Last: _____

Address: _____ Apt.# _____

City: _____ St: _____ Zip Code: _____ I am: Adult Teen Child

Phone #: _____ Date: _____ Signature: _____

(I release Hope Crisis Pregnancy Center from any liability for this event.)

Church: _____

Free T-Shirt for \$100.00 of Pledges or more

T-Shirt size, Adult Medium Large X Large XX Large Child X Large

How did you hear about this Walk for Life? _____