



Registration

You may register online at bronsonhealth.com/walk or use this form. Please print.

_____ first name

_____ last name

_____ address

_____ city / state / zip

_____ phone number

_____ e-mail

_____ date of birth (mm/dd/yy)

male female age: _____

Entry Donations

Adult age 18 or older (includes t-shirt): \$25

6-17 years old (includes t-shirt): \$15

Children younger than 6 are free (does not include t-shirt).

T-shirt size: S M L XL XXL

All shirts can be picked up the day of the walk.

Additonal t-shirts will also be available for sale at the event for \$5.

All children younger than 12 must be accompanied by an adult.

For more information, please call (269) 341-8830.



J12921-1 8/09

Waiver

I plan on walking in the Walk Across Kalamazoo. I am physically able to participate in the walk. No person or company is responsible if I am injured during the walk. I will not hold Bronson Healthcare Group, the County of Kalamazoo or the City of Kalamazoo responsible if I am injured.

You may use my name and any pictures of me in any news about the event. This includes print, video and online.

All the information I have provided about myself in this waiver is true.

_____ signature of participant date

(If participant is younger than 18, parent or legal guardian must also sign.)

_____ signature of parent or guardian date

Emergency Contact:

_____ name and phone number

Payment

We accept cash, check, Visa and MasterCard.

_____ name on card

_____ card number

_____ / _____

expiration date

_____ signature

Make check payable to the Bronson Health Foundation. Return this form with your check to:

Bronson Health Foundation
301 John Street, Box C, Kalamazoo, MI 49007



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