



## REGISTRATION and PLEDGE FORM - 5k Walk/Run

PARTICIPANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

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NAME	DONATION	NAME	DONATION
_____	_____	_____	_____
_____	_____	_____	_____
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TOTAL COLLECTED \_\_\_\_\_