

6000 Sisters, 6000 Steps for Hope

Breast Cancer Walk and Expo

*"It's not just **Pink** it's personal"*



Registration Form

***A separate form is required for each Walker**

Please fill out completely, checking the appropriate boxes.

Yes! I will walk 6000 STEPS/6000 SISTERS on November 5, 2016.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Adult Child (Age 4-12)

Team Name* (if applicable): _____

Team Captain* (if applicable): _____

Company/Organization: _____

*(Team Captains - To ensure accurate credit to your team's total, we encourage you to fill in the Team Captain lines on all Registration Forms and Contribution Forms before you distribute them to your Walkers. Thanks.)

T-Shirt Size (Circle the appropriate size.):

Adult: S M L XL XXL XXXL

Youth: M L

I wish to participate in the Walk as...

- Team Captain *I wish to be recognized as a Breast Cancer Survivor*
- Team Member Date of diagnosis _____ (MM\DD\YYYY)
- Individual Walker

I cannot attend the Walk. I have enclosed my donation in the amount of \$ _____

Payment Amount

Payment Method (Make checks payable to Sisters Network Dallas)

\$ _____ Cash Check enclosed. Check# _____

Each Participant must read and sign below.

Waiver of Release and Liability I hereby waive all claims against Sisters Network Inc., Sisters Network Dallas, Richland College, Dallas County Community College District, sponsors or any personnel for any injury or damages that I might suffer in this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

TAKE ONE STEP AT A TIME

1. Mail the Registration Form to:
SISTERS NETWORK DALLAS
2. Request sponsorship from friends, family, co-workers, etc.
3. Mark amount of your donors' contributions on Contribution Form.
4. Place checks and Contribution Form in an envelope.
5. Give envelope to your Team Captain, or bring to the Walk.
6. Mail any post-Walk contributions to:

SISTERS NETWORK DALLAS

P.O. Box 743811
Dallas, Texas 75374

Adult: \$30 each
After 10/1/2016,
\$35 each

Child (>4): \$20 each
After 10/1/2016,
\$25 each

Signature: _____ Date: _____ Parent or Guardian: _____