



# Pledge Form

**Saturday, July 12**

Starting line: Frontier Park (660 N. 9<sup>th</sup> Pl. in Show Low)

Finish line: Show Low City Park

Registration begins 8 AM, Walk begins at 9 AM

*Raise the most money in your age category to win a prize!*

Questions? Call (928) 599-1986 or email [info@newhopepc.org](mailto:info@newhopepc.org)

Walker's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Age Category: ☐ Adult (age 18+) ☐ Teen (age 13-17) ☐ Child (12 and under)

**To participate in the Walk for Life, you must read and agree to the following release:**

*I waive all claims for myself and my heirs against New Hope Pregnancy Resource Centers (NHPRC) for any injury or illness which may result directly or indirectly from my participation. I further state that I am in the proper physical condition to participate in this event. In addition, I give NHPRC permission to use photographs of me taken at the Walk for Life for promotional use.*

Signature (Or Parent's Signature if you are a minor): \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Clearly					Check if:	
NAME	MAILING ADDRESS (if tax receipt requested)	PHONE	EMAIL	AMOUNT	Cash	Check
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Total for this page				\$		

Office use only:

Total Cash: \$\_\_\_\_\_ Total Checks: \$\_\_\_\_\_

If you use multiple forms: Page \_\_\_\_\_ of \_\_\_\_\_  
Walker's Name: \_\_\_\_\_