



REGISTRATION FORM

Return form and deposit to:
Faith Walk Registrar
PO Box 51 Ellendale, TN 38029

(PLEASE PRINT CLEARLY)

Mens' Weekend

Ladies' Weekend

First Name: _____ Last Name: _____
(As you would like it to appear on your name tag)

Address: _____
City/State/ZIP: _____

Phone: Home _____ Work _____ Cell _____

E-mail Address: _____ D.O.B. _____

Church: _____

Emergency Contact _____

Name Number Relation

Do you have any health concerns that prevent you from walking, sitting, etc...?
Do you require a special diet? If yes to these questions, please explain:

Who encouraged you to attend? _____

Marital Status: Single Married Widowed Other

Has your spouse attended or is planning to attend a Weekend? Yes No

When (season and year - **Example: Fall '08**) : _____

T-Shirt Size: Small Med Large XL 2XL 3XL

I hereby release and agree to hold harmless Faith Walk, it's Secretariat, and the servers from any and all liability regarding any claims for personal injuries and damage to loss of personal property that I may incur during any activity sponsored by Faith Walk.

Date Signature of applicant (leave blank if not available)

Total cost for the weekend: **\$120**. A **\$60** deposit, which is applied toward the total cost, must be submitted with this registration form. Please make your check payable to: Faith Walk. **We cannot reserve your space until your deposit is paid.** Registrations are on a first come, first serve basis and this registration does not guarantee you a place on the upcoming Walk. **You will receive a confirmation notice approximately eight weeks prior to the Walk date.**

Revised Aug. 09

FOR REGISTRAR USE ONLY: Rcvd _____ (PM or BX) Spec REQ? _____ PYMT AMT \$ _____ <input type="checkbox"/> cash <input type="checkbox"/> check # _____ dt _____ by: _____ <input type="checkbox"/> SP Who _____ # _____ INFO _____
