



WALKATHON REGISTRATION FORM

*** Required Fields.** Please fill out all as much information as possible.
(One form per registered walker)
Safe Water! Save Lives!



First Name, Middle initial: * _____

Last Name: * _____

Gender: * F / M

Ethnicity (Optional information will help BYA in obtaining grants and funding):

___ Asian American ___ African American ___ Caucasian Other: _____

Religious Background (Optional information will help BYA in obtaining grants and funding)

___ Buddhist ___ Catholic ___ Christian Other: _____

Mailing Address: * _____

Phone Number: * _____ Email Address: * _____

Type of walk: ___ 5K ___ All You Can Walk ___ Walk with Challenge

T-Shirt Size (circle one): Youth S, M, L Adult S, M, L, XL

Registration Fee (circle one): Individual: \$25.00, Family (6 max): \$100.00, Team (10+): \$20.00

Team Name / Family Last Name: _____

How did you hear about the Walkathon? * _____

What is your motivation for joining this Walkathon? (Optional question to help us in future events.): ___ Exercise ___ Funds raising Other: _____

Please list any special request for specific medical condition accommodation if any:

Emergency Contact: Name: _____ Phone: _____

Are you over 18 years old? * ___ Yes ___ No. If not, please ask for your parent's permission and enter your parent name and their email address.

Parent Name (First, Last): _____

Parent Email Address: _____

___ Initial here, I concur that the information provided above are accurate. *

___ Initial here, I pledge to join Compassion Water Walkathon 2010 according to its Promissory Terms. *

___ Initial here, I hereby release and agree to hold harmless from liability the local chapter, district, council, BYA, CSS, and the officers, employees, and volunteers thereof in participation of this activity. *

Signature: _____

Date: _____

Send to us via fax at 909-753-0359 or mail to CSS, 5753 E. Santa Ana Canyon Rd., Suite G-613 Anaheim, CA 92807

Thank you for registering for BYA Walkathon for Compassion Water Project.