



PARISH/ORGANIZATION

WALKER REGISTRATION FORM

Please submit one form per walker

Entry Deadline: _____

Walker Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Age: _____ *All walkers under 12 must be accompanied by adult*

Emergency Contact: _____ Phone: _____

WAIVER AGREEMENT

I hereby waive and release any and all rights and claims for damages I may have against the Orthodox Christian Mission Center (OCMC), the Walk Committee, Sponsors, and

Walker's Signature: _____ Parent/Guardian Signature: _____
if walker is under 18 years old

I cannot participate in this year's Walk for Missions, but please accept my gift of:

\$5 \$10 \$20 Other: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Submit your gift to the address above. Make checks payable to