

Individual Registration Form

Name:

Mailing address:

City, State and Zip: ______

Phone Number: ______ E-Mail Address: ______

Number of Walkers You are Signing Up: _____

We would like for each participant to get donations and support from friends, neighbors and family members for the student's efforts on behalf of the DAV but this is not mandatory. We would like to see the students from your school get involved to create awareness for this most worthwhile cause. We thank you for your support and participation.

Registration

Adults\$20.00Kids/Students\$15.00Tee Shirt\$10.00

Amount of Registration Charges: \$_____

Additional Donation: \$_____

Questions -

Contact Phone - Bob Carnagey at 219-629-0594 E-Mail - <u>Bobcarnagey@msn.com</u> Web Site -www.DAV17IN.com