

# A Walk in the Park

A day for family, fun & fitness

SPONSORED BY



**Encompass Health**

BENEFITTING



**LUNG DISEASE**

Foundation of Central PA

**Saturday, August 17, 2019**

**9:00 A.M. TO 10:00 A.M.**  
Registration begins at 8:30 A.M.

Lakemont Park • 700 Park Avenue, Altoona, PA 16602

Registration fee is \$10.00 (includes t-shirt).

**2 MILE WALK • BRING YOUR FRIENDS & FAMILY!**

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## OFFICIAL REGISTRATION FORM

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Lakemont Park • 700 Park Avenue, Altoona, PA 16602 • **Registration Fee: \$10.00**

**Please make checks payable to: Lung Disease Foundation of Central PA**

Walker Name:			
Address:			
Phone:	Gender: M F	Birthdate:	Age:
<b>WAIVER</b>			
I hereby waive all claims against the Lung Disease Foundation of Central PA, Encompass Health, and the Altoona Mirror, or any personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotion of this event.			

Signature of walker

Signature of parent/legal guardian if under 18 years of age

ADMIN USE ONLY			
Walker's Number:		Card #	
T-Shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		Exp. Date ___/___	Security Code (3 Digit) ___
# of full laps _____	# of half laps _____	Name on Card:	
Fee \$10 + Donations \$ _____	= Total \$ _____	Billing Address if different from above:	
Cash _____ Check# _____ Charge \$ _____			
CC <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover		Signature:	

### WALK PLEDGES

	Pledge Name	Pledge Address	Pledge \$	\$ Per Lap	Total
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
<b>Subtotal</b>					
<b>TOTAL RAISED</b>					



**Please complete form and return to: Sherri Stayer**

800 Chestnut Ave., Altoona, PA 16601 • 814-946-2845 • sherris@altoonalungspecialists.com