



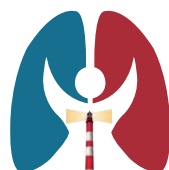
ANNUAL Beacon of Light on Lung Cancer — BENEFIT WALK —

INDIVIDUALS, TEAMS AND GROUPS WELCOME!

COME OUT AND WALK TO ACHIEVE BETTER LUNG HEALTH FOR EVERYONE!

Thursday, August 19, 2021

4:30 PM – 7:30 PM LAKEMONT PARK



LUNG DISEASE
Foundation of Central PA

- Join walkers across Central PA to raise money to help local Lung Cancer patients.
- Registration only \$10. Additional Walker pledges appreciated.
- Walkers receive a free t-shirt sponsored by Select Specialty Hospital and chances to win a prize.

**OUR EFFORTS WOULD NOT BE POSSIBLE
WITHOUT YOUR HELP**

Registration forms available at:

- **Lung Disease Center of Central PA**
800 Chestnut Ave., Altoona, PA
- **Lung Disease Foundation of Central PA's Website**
www.lungdiseasefoundation.org
- **Request a form by email:**
sherris@altoonalungspecialists.com



**For more information call
Sherri Stayer at 814-946-2845.
www.thelungspecialists.com**

Proceeds benefit the Lung Disease Foundation of Central PA, 501C3 Nonprofit



Beacon of Light on Lung Cancer

— BENEFIT WALK —



Thursday, August 19, 2021

4:30 PM TO 7:30 PM

Lakemont Park, Altoona, PA

Part of Let's Move Blair County

Register July 1, 2021 to August 18, 2021 and 4:00 PM Day of Walk

OFFICIAL REGISTRATION FORM/PLEDGE SHEET

REGISTRATION FEE: **\$10.00** (INCLUDES T-SHIRT)

ADDITIONAL WALKER PLEDGES APPRECIATED!

PLEASE MAKE CHECKS PAYABLE TO:

Lung Disease Foundation of Central PA

Walker Name:			
Address:			
Phone:	Gender: M F	Birthdate:	Age:

WAIVER

I hereby waive all claims against the Lung Disease Center of Central PA, Lung Disease Foundation of Central PA, Healthy Blair County Coalition, and Lakemont Park, 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 + Pledges \$ ____	= 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

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



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

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