

INDIVIDUALS, TEAMS AND GROUPS WELCOME!

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

PRIZES TO
BE AWARDED
IN SEVERAL
CATEGORIES!



REGISTRATION
ONLY \$10
INCLUDES A
T-SHIRT!

Beacon of Light on Lung Cancer BENEFIT WALK

Friday, August 16, 2019

Registration 7:30 AM – 8:00 AM,
Walk 8:00 AM – 10:00 AM

LOGAN VALLEY MALL

Applebee's
Entrance

Sponsored by:



Official Kick-off
for the 15th Annual



10:00 am – 2:00 pm

Join us for the eighth annual Beacon of Light on Lung Cancer Benefit Walk, Friday, August 16, 2019 inside the Logan Valley Mall as part of Health-O-Rama. Walkers from across the Central Pennsylvania region join the physicians, staff, and volunteers of the Lung Disease Foundation of Central Pennsylvania to raise money to help local Lung Cancer patients with their medical expenses, to educate our community adults, children, and businesses on the dangers of lung cancer and resources available to help them and their loved ones.

OUR EFFORTS WOULD NOT BE POSSIBLE WITHOUT YOUR HELP

Registration forms available at:

- **Altoona Mirror**
301 Cayuga Ave., Altoona, PA
- **Lung Disease Center of Central PA**
800 Chestnut Ave., Altoona, PA
- **Select Specialty Hospital**
"Admissions" - 320 Main Street, Johnstown, 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 —

Sponsored by:



Friday, August 16, 2019

8:00 A.M. TO 10:00 A.M.

Registration begins at 7:30 A.M.

Inside Logan Valley Mall • Applebee's Entrance

Official Kick-Off to 2019 Health-O-Rama

OFFICIAL REGISTRATION FORM/PLEDGE SHEET

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

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, Select Specialty Hospital, 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
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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

	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