



9TH 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!

Saturday, November 21, 2020

9:00 AM – 10:00 AM INSIDE THE LOGAN VALLEY MALL

Sponsored by:



Official Kick-off for the 4th Annual



10:00 am – 2:00 pm

- 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 and chances to win a prize.

**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@altoonalungspecialsts.com



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



Beacon of Light on Lung Cancer

BENEFIT WALK

Sponsored by:



Saturday, November 21, 2020

9:00 A.M. TO 10:00 A.M.

Inside Logan Valley Mall

Official Kick-Off to 2020 Healthy Resolutions Expo

Register August 14 – November 20 and 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, 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.

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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