

Registration Form

Clip out and mail this form to:
 Inland Empire Walk for Life
 Anthony J. Nickols, Jr. Foundation
 Post Office Box 12143
 San Bernardino, California 92423-2143
 Phone: (909) 478-6800, Toll Free: (800) 291-0097

For official use only
Bib #
<input type="text"/>
ID #
<input type="text"/>

PLEASE COMPLETE ALL BOXES

First name	Last name
<input type="text"/>	<input type="text"/>

Address	Apt. #
<input type="text"/>	<input type="text"/>

City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone
<input type="text"/>

E-mail	Age	Sex
<input type="text"/>	<input type="text"/>	<input type="text"/>
	F	M

Register with the minimum suggested donation to receive a Walk T-shirt.

T-Shirt Size: ___ Youth -Large ___ Large ___ X-Large ___ XX-Large

Inland Empire Walk for Life 2007 waiver

I recognize and hereby expressly assume the risks of illness and injury inherent in any exercise program, and I am participating in this event upon the express agreement and understanding that I am hereby waiving and releasing **Anthony J. Nickols, Jr. Foundation, Inc.** and any and all of their affiliated corporations and/or associations (collectively "Anthony J. Nickols, Jr. Foundation, Inc. Organizations"), as well as Anthony J. Nickols, Jr. Foundation, Inc. Organizations' agents and representatives, from any and all claims, damages, losses, or liabilities including but not limited to illness or injury, which may accrue to me, my heirs, my guardians, administrators, executors or assignees, including attorneys' fees and court costs, arising out of, or in any way related to, my participation in **Inland Empire Walk for Life for Anthony J. Nickols, Jr. Foundation, Inc.** I hereby give the right and permission to **Anthony J. Nickols, Jr. Foundation, Inc.** to use my recorded voice and photographic images through any medium. I waive any right to inspect or approve the finished copy, images, or printed matter that may be created in conjunction with the eventual use for any **Anthony J. Nickols, Jr. Foundation, Inc.** program.

 Signature of participant (if a minor, please obtain signature of parent or guardian below)

 Signature of parent or guardian (if participant is a minor)

 Date

Pre-registration - postmarked by 04/10/07 (After 04/10/07, please register at the event.)

Enclosed is my \$25 (\$5 for children 12 and under) Walk for Life registration fee

Event Day Registration (Please complete and bring this form with you.)

Enclosed is additional money raised \$_____.

I cannot attend, but please accept my donation of \$_____.

Please send me _____ registration forms.

I am a cancer survivor.

Please make checks payable to :
Anthony J. Nickols, Jr. Foundation
Post Office Box 12143
San Bernardino, California 92423-2143

Walkers must adhere to the rules of the road when participating in the Walk for Life Health and Fitness Expo

Pledge/Sponsor Form

Participant Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Day Phone _____

Total \$ Pledge _____ Total \$ Collected _____

Please make checks payable to:
Anthony J. Nickols, Jr. Foundation
 Amount of donation is 100 percent tax deductible. Please bring donations to the event.

Sponsors Donations

* Name: *Jane Smith* Total \$ *\$25*

Address: *111 Main Street*

City: *Anytown* State: *CA* Zip Code: *01234*

1. Name: _____ Total \$ _____

Address: _____

City: _____ State: _____ Zip Code: _____

2. Name: _____ Total \$ _____

Address: _____

City: _____ State: _____ Zip Code: _____

3. Name: _____ Total \$ _____

Address: _____

City: _____ State: _____ Zip Code: _____

4. Name: _____ Total \$ _____

Address: _____

City: _____ State: _____ Zip Code: _____

5. Name: _____ Total \$ _____

Address: _____

City: _____ State: _____ Zip Code: _____

(If you have more sponsor donations, please attach separate sheet)