

**I would like to register for the walk as:**

\_\_\_\_\_ an individual walker @\$20

\_\_\_\_\_ a team of 10 walkers @ \$150

Team or Organization's name \_\_\_\_\_

Please list the names of team members:

- |         |          |
|---------|----------|
| 1 _____ | 6 _____  |
| 2 _____ | 7 _____  |
| 3 _____ | 8 _____  |
| 4 _____ | 9 _____  |
| 5 _____ | 10 _____ |

You may copy this page to register more than one team.

Please make all checks payable to:  
**Gary Community Health Center**  
**1021 West 5<sup>th</sup> Ave.**  
**Gary, In. 46402**

The Gary Community Health Center is a 501c(3) and donations are tax deductible

**I would like to be a corporate sponsor for the Eleventh Annual Gary Community Health Center's 5K Walk for Breast Cancer Awareness.** (Your organization's name will be displayed on the walk route.)

\_\_\_\_\_ \$250 Donation to support Breast Cancer Awareness and Screenings

\_\_\_\_\_ \$500 Donation to support Breast Cancer Awareness and Screenings

\_\_\_\_\_ \$1000 Donation to support Breast Cancer Awareness and Screenings

**My Organization will provide donations of:**

\_\_\_\_\_ Promotional/giveaway items

\_\_\_\_\_ Bottled Water

\_\_\_\_\_ Fruit (Apples and Bananas)

\_\_\_\_\_ Juice boxes

\_\_\_\_\_ Snack Crackers

\_\_\_\_\_ Coffee and associated items such as Styrofoam cups, cream and sugar

**My Organization would like to set up a booth:**

\_\_\_\_\_ for health screenings (Blood pressure, blood sugar)

\_\_\_\_\_ for promotion and information about our organization

**I would like to volunteer:**

\_\_\_\_\_ to set tables and chairs on the day of the walk

\_\_\_\_\_ to assist with onsite registration

\_\_\_\_\_ to assist with the coffee and snack set up