



Recovery Walks!



Team Captain Registration Form

_____ Yes, I will organize a team of walkers to participate in Recovery Walks!

Your Name: _____

Phone: _____ E-mail Address: _____

Preferred Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

T-Shirt Size (if you raised \$50.00 or more): ___M ___L ___XL ___XXL

Please list the name of the family, business, or organization your team will be representing in the walk:

Team Name: _____

Your team *goals* are:

of Walkers: _____ # of Dollars per walker: _____

Team goal (number of walkers x average donation): \$ _____

I want my proceeds to support the following PRO-ACT program:

- | | |
|---|---|
| <input type="checkbox"/> All PRO-ACT activities | <input type="checkbox"/> Philadelphia Recovery Training Center |
| <input type="checkbox"/> Philadelphia Recovery Community Center | <input type="checkbox"/> Southern Bucks Recovery Community Center |
| <input type="checkbox"/> Women's Recovery Community Center | <input type="checkbox"/> Bucks County Chapter |
| <input type="checkbox"/> Chester County Chapter | <input type="checkbox"/> Delaware County Chapter |
| <input type="checkbox"/> Montgomery County Chapter | <input type="checkbox"/> Philadelphia Chapter |

Your contribution is 100% tax deductible. Proceeds after expenses will be applied to your chosen PRO-ACT program.

EACH PARTICIPANT IN WALK MUST SIGN:

WAIVER: I, for myself, my heirs, and executors, in consideration of any participation in RECOVERY WALKS! one and three quarter (1.75) mile walk for recovery, hereafter called the event, hereby release and hold harmless PRO-ACT and The Council of Southeast PA, Inc. and others connected with this event, including sponsors, cities, municipalities, employees, volunteers, or agents collectively called the event group, from any and all claims for damages or injuries which I may suffer in connection with the event. I hereby certify that **I am in good condition and am able to walk in this event.** Additionally, I will permit the use of my picture in broadcast, print, and other media. This entry is invalid unless signed by the entrant. If the entrant is under 18, a parent or guardian must sign entry. An adult must accompany children under 8 years of age.

Signed (by Parent/Guardian if under 18) Date

Mail completed form to:

Jessica Flowers
The Council of Southeast Pennsylvania, Inc.
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Doylestown, PA 18901
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Fax: 215-348-3377
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