



Recovery Walks!



Walker Registration Form

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

I am participating as:

- Individual Walker
- Team Member Walker/Team Name: _____
- I cannot attend Recovery Walks! , but have enclosed my donation in the amount of
\$ _____ ___ Check ___ Cash ___ Money Order

*** Please make all checks/money orders payable to **The Council of Southeast Pennsylvania, Inc.** and mailed to: 252 W. Swamp Road, Unit 12, Doylestown, PA 18901.

Do YOU have 10 or more years of Recovery? Join the Honor Guard! The Honor Guard leads the Walk and recognizes every person with 10 or more years of recovery. Honor Guard members wear a purple sash with their number of years in recovery.

Will you walk with the Honor Guard? ___ Yes ___ No If Yes, How many years of recovery ___

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
your Team Captain
- or -**

Sean Brinda
PRO-ACT Recovery Walks!
Registration
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Philadelphia, PA 19123
215-923-1661
Fax: 215-923-2216
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