



Recovery Walks! 2009



WALKER REGISTRATION FORM

Name: _____

Phone: _____ E-mail Address: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

I am participating as...

- Individual Walker
- Team Member Walker/Team Name: _____
- I cannot attend Recovery Walks! 2009, I have enclosed my donation in the amount of \$ _____
 Check Cash Money Order

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 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 Co. Chapter |
| <input type="checkbox"/> Chester Co. Chapter | <input type="checkbox"/> Delaware Co. Chapter |
| <input type="checkbox"/> Montgomery Co. 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! 2009 three (3) mile walk for recovery, hereafter called the event, hereby release and hold harmless PRO-ACT and BCCADD 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:

**PRO-ACT Registration
252 W. Swamp Rd.
Doylestown, PA 18901
215-345-6644
Fax: 215-348-3377**