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**Contact:**

Tracy Lucio

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**Drop off forms at:**

20 Sandys Street

Chatham, ON

Fax: 519-354-6038

Web site: www.ckwc.org

**Tell us a little about yourself:**

□ Individual: I’m excited to be participating in the walk!

□ Small team (2 – 5): We can’t wait to walk in those shoes!

□ Large team (6-10): We all can’t wait to participate in the walk!

□ I’m unable to participate in the walk, but enclosed is my personal donation.

Walker Registration Form – Walk a Mile in Her Shoes **®** – June 5, 2016

**Opening Ceremony – 12:15 PM @ Kings Court in front of the Sears Mall, Downtown Chatham Centre**

***WAIVER: Each participant must read and sign.***

*As a participant in Walk a Mile in Her Shoes®, I hereby waive all claims against the Chatham Kent Women’s Centre, sponsors, or any personnel for any injury I or my child might suffer at this event. I also give my full permission for any first aid that may be deemed necessary to be provided to me or my child, on the premises or prior to transport to a hospital for further treatment. Furthermore, I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media of this event without compensation.*

Signature of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Guardian if the walker is under the age of 18

This **registration form is required to be submitted prior to the walk** (as soon as possible) in order for each individual walker to be guaranteed a pair of high heeled shoes. If registration forms are not submitted prior to the walk, shoe availability cannot be guaranteed. Pledges and donations for the Walk a Mile event can be submitted prior to the walk **or** submitted on the date of walk, June 5, 2016. Please ensure that one registration form is completed for each team member!

*\*This form may be photocopied for additional registrations.*

**Registration Information:**

Walker’s Name (one form per walker per team):

Team Name (if applicable):

Address

City Postal Code Phone Number

Email

Men’s Shoe Size (if applicable, sorry no ½ sizes) Men’s Shirt Size

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100% of all proceeds raised go to support the Chatham Kent Women’s Centre’s programs and services.

*Charitable Number 10691 0540 RR0001*