

**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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**Contact:**

Desiree Swance

519-351-9144 ex. 222

[**desireesw@ckwc.org**](mailto:desireesw@ckwc.org)

**Drop off forms at:**

20 Sandys Street

Chatham, ON

Or Fax: 519-354-6038

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, September 14, 2014. Please ensure that one registration form is completed for each team member!

*\*this form may be photocopied for additional registrations*

All proceeds from the *Walk a Mile in Her Shoes* event will go directly towards supporting the Chatham Kent Women’s Centre. Please make cheques payable to the Chatham Kent Women’s Centre Inc. CKWC is a non-profit, charitable organization. Your donations will be tax deductible; a receipt can be made available upon request for any donation made above $20.

*Charitable Number – 10691 0540 RR0001*

**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+): 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 **®** – September 14, 2014

**Opening Ceremony – 12:30 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_