

Walker Registration Form – Walk a Mile in Her Shoes® – 11am-2pm, Tuesday October 8, 2019

Please submit this Pre-Event Registration form as soon as possible to reserve your red high heeled shoes.

**Event Day - Walkers Sign-in at 11:00 a.m. at the event venue -
St. Clair College Chatham Campus, 1001 Grand Avenue West, Chatham.**

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, but enclosed is my personal donation.



100% of all proceeds raised go to support the Chatham Kent Women's Centre's programs and services.
Charitable Number 10691 0540 RR0001

Please submit your registration form by email to:
anitama@ckwc.org
Or, drop off your forms at:
CK Women's Centre,
20 Sandys Street
Chatham, ON
Fax: 519-354-6038

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) _____ **Please Note: Minimum registration pledge of \$25.00 per walker.**

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, Tuesday October 8, 2019. Please ensure that one registration form is completed for each team member!

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, Event Venue, 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, online, video or print media of this event without compensation.

Signature of Participant _____ Date: _____

Signature of Parent/Guardian if the Walker is under the age of 18 _____