



HIKE FOR LUNG HEALTH



REGISTRATION FORM Sunday, September 17, 2017

MY INFORMATION (PLEASE PRINT)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DAY PHONE _____ EVENING PHONE _____

E-MAIL _____

Age _____ MALE FEMALE

T-SHIRT SIZE Youth Adult Small Adult M Adult L Adult XL Adult XXL

Would you like to receive and incentive prize (if you qualify?) Yes No

Where did you hear about Hike for Lung Health? _____

Have you or someone close to you been affected by of lung disease or lung health concerns?

Yes, Asthma Yes, COPD (Chronic Bronchitis or Emphysema) Yes, Lung Cancer

Yes, Smoking Yes, Other _____ No, I have not been Affected by Lung Disease

Does your employer have a matching gifts program? Yes No

Which charity partner do you want your fundraising efforts applied towards?

RHA Bernie Mac Foundation Chicago Asthma Consortium Chicago Southside Sarcoidosis

Christopher D. Redding Youth Asthma Foundation IL Food and Allergy Education Association

Mobile CARE Foundation Second Wind Lung Transplant Association

I WOULD LIKE TO WALK. MY PERSONAL FUNDRAISING GOAL IS: \$ _____. I WILL:

Start my own team. I will serve as the team captain. Total due = \$15

Team Name _____

Team Fundraising Goal \$ _____

Join an Existing Team. Total due = \$15

Team Name _____ Team Captain _____

Walk as an Individual. Total due = \$15

***Event Day Registration- \$20 per individual**

I WILL WALK AT THE FOLLOWING SITE:

Chicago (Lincoln Park) Virtual Walker

I AM UNABLE TO WALK, BUT I WOULD LIKE TO:

Make a Donation of: \$100 \$50 \$25 \$ _____ Volunteer on Walk Day

TOTAL AMOUNT DUE: _____ Payment Type: Check Visa MasterCard American Express Discover

Check/Credit Card Number: _____ Exp. Date: _____ Security code: _____

Cardholder's Name: _____

I hereby waive all claims against the Respiratory Health Association, Chicago Park District, Hike for Lung Health sponsors, volunteers, Board of Directors, walk partners, or any personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for the event. I grant full permission for organizers to use photographs or video of me and quotations from me in legitimate accounts and promotions of this event. For Hike for Lung Health participants under 18 years of age, parental permission is required.

Signature: _____

Please return this form to: Respiratory Health Association • Attn: Hike for Lung Health
1440 W. Washington Blvd. • Chicago, IL 60607 • Fax: (312) 377-6896 • Questions? Call (312) 628-0223