

The Healing Walk Registration Form

Central Park, 425 Wells Rd, Doylestown, PA 18901
 Sunday May 17th, 2009
 10:30 AM Registration
 11:00 AM Walk BEGINS



First Name: _____ Last Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ Date of Birth: _____

Payment Methods:

___ Check enclosed in amount of \$ _____
 ___ Or charge my credit card: ___ Visa ___ Master Card ___ Discover
 Card # _____ Exp Date: _____ Sec # _____
 Signature: _____
 Registration Donation \$25 Advance Registration Donation \$20 T-Shirt M _____ F _____ Size: _____

Payments can be mailed or faxed to: The Healing Walks, Inc.; 2237 Valley Rd., Jamison, PA 18929
 Fax: 215-491-9446

Pledge Sheet

Sponsor's Name	Amount
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	
8. _____	
9. _____	
10. _____	
11. _____	
12. _____	

Total amount included \$ _____

If additional space is needed, please make copies
 and include in an envelope.

Participant's **WAIVER, RELEASE** (Must be signed):
 I assume all risks associated with "The Healing Walk", I
 release The Healing Walks Foundation from any liabilities
 associated with this event. Children under the age of
 18 are to be supervised and are the sole responsibility of
 their guardian.

_____ Date: _____

Signature of Guardian & or Participant

**It is reasonable to believe that The Healing
 Walks Foundation can make a difference
 for families in our local community with
 financial support while they are dealing
 with illness. Just for today, visualize what
 positive change is realistic to see in your life:
 It's reasonable to believe that I.....**

THE HEALING WALKS.COM
 2237 Valley Rd
 Jamison, PA. 18929
 Tel: (215)-491-7533; (267)-334-3449
 FAX: 215-491-9446