



Indianapolis
Walk + Run
for LIFE

Sponsor Form

Name _____ Phone _____

Address _____

city _____ State _____ Zip _____

e-mail _____

Church Name _____

NOTE: Please hand in individual sponsor donations
 DO NOT write a total personal check for your sponsors.
 All checks should be made payable to Life Centers.

Name	Address	City	ST	Zip	E-mail	\$250	\$50	\$25	Other	BILL ME	PAID CA/CH

If you need additional sponsor forms, please call (317) 280-2635.
To participate in the Walk+Run for Life, you must sign the following release:
 In consideration of the acceptance of this entry, I waive all claims for myself and my heirs against Life Centers, Inc. for any injury or illness which may result directly or indirectly from my participation. I further state that I am in the proper physical condition to participate in this event. In addition, I also give Life Centers permission to use photographs of me taken at the Walk+Run for Life and associated events in future event promotion.

Page Subtotal:

 (Parent or Guardian must sign for persons under 18 years of age) Date

FOR OFFICE USE ONLY				
cash	checks	online	pledges	grand total