



PNC Field – June 6, 2020

Walker Registration Form

Full Name _____ Date of Birth ____/____/____

Street Address _____

City/State/Zip _____

Phone _____ Email _____

I cannot participate, but please accept my donation:

\$100

\$30

\$50

Other donation \$ _____

Check here if you prefer your donation to remain anonymous

Please make check payable to **Northeast PA Area Health Education Center.**

(Memo: *Highmark Walk 2020*)

Signature: _____

Date: _____

Parent or Guardian Signature (if registrant is under age 18): _____

Date: _____

T-shirt Size S M L XL XXL

Highmark T-Shirts are provided to walkers who have donated \$30 or more.

***Walker receives 1 Raffle Ticket for every \$50 raised**

Please return your donation with the completed form to:

Northeast PA Area Health Education Center

Attn: Highmark Walk 2020

5662 Interchange Road

Lehighton, PA 18235

For more information please contact Valerie Williams at 610-379-2001 or vwilliams@ecneahec.org

Disclosure: I hereby waive all claims against Highmark Health, its affiliates and subsidiaries, and all sponsors, charities, or personnel involved in the walk for any injury that I might suffer at this event. I attest that I am physically fit and prepared for this event. I grant full permission for Highmark Health, its affiliates and subsidiaries, and participating organizations to use photographs of me in the accounts and promotions of this event.