

2018 ANNUAL EPBHC CHARITY WALK-A-THON REGISTRATION FORM

- **Event:** Saturday, June 9, 2018, 1pm – 2pm, Jamaica Pond
Registration: 12:15pm
- **Registration Fee:**
Walkers 12 years old and up.....\$15
Kids under 12 years old.....\$10
- Please fill out this registration form and the separate waiver form for each person walking in the event.
- For those who have received pledges, please fill out the separate pledge form with all donations noted and bring it on the day of the event.

Please select all that apply:

☐ **I am walking the day of the event and have obtained pledges.**

☐ Adult/Youth (12 and up) – \$15

☐ Kid (Under 12 years old) – \$10

*If walking as part of team, please provide team name and captain: _____

Please Select your t-shirt size:

☐ Small ☐ Medium ☐ Large ☐ XL ☐ 2XL ☐ 3XL

☐ **I am not walking, but am supporting the event from afar.**

Please fill out all information so we know who made this donation:

Name: _____ **Phone:** _____

Address: _____ **Email:** _____

City: _____ **State:** _____ **Zip:** _____

Payment method:

- ☐ Cash (accepted only day of event on site)
☐ *Money Order
☐ *Check # _____
☐ Credit Card (Enter Information below)

Name on Card: _____

Card #: _____ Card Type: _____

Expiration Date: _____ CVV: _____ Zip Code: _____

*Make checks and money orders payable to Edgar P. Benjamin Healthcare Center with "Annual Charity Walk-A-Thon" in the memo field.

Mail your registration fee/donation with this form to:

Attn: Tony Francis

Edgar P. Benjamin Healthcare Center
120 Fisher Avenue
Boston, MA 02120

**EDGAR P. BENJAMIN
HEALTHCARE CENTER**

For more information please contact 617-738-1500 ext. 185, donate@epbhc.org or visit: epbhc.org/walkathon/