

Individual Entry Form (Please print)

www.lakewalk.org

I will be walking:

- As an individual
- As a team member
- As a team captain

Team Name _____

Company/Organization _____

Name _____

I am a cancer survivor. (This information is tracked by ProHealth Care.)

Address _____

City _____ State ____ Zip _____

Work Phone _____

Home Phone _____

E-mail _____

By providing an e-mail address, you will receive LakeWalk e-mail updates.
Team captains, please provide your email to get important team captain information.

T-Shirt

T-shirts cannot be guaranteed for entries received after March 18.

Long-Sleeve ADULT Unisex T-Shirt:

Circle one: S M L XL XXL 3XL

Long-Sleeve CHILD T-Shirt:

Circle one: S (6-8) M (10-12) L (14-16)

Decline Shirt

Indemnification

I know that I should talk to my doctor before taking part in this walk if I have any concerns about my health. I agree that ProHealth Care, Inc. is not responsible for any problems or injuries I may have while taking part in this walk. I agree not to bring a claim or lawsuit against ProHealth Care, Inc. or any individual or entity associated with the event. I also agree I am the only one responsible for all of my personal items. I also agree to the use of my name and pictures in any broadcast, telecast or print media account of this event. In filling out the form, I acknowledge I have read and fully understand my own liability and do accept restrictions.

Signature _____

Date _____

Parent's Signature (if under 18) _____

Registration Fee

\$15 on or before March 18;

\$20 March 19 – May 6;

\$25 May 7

Registration Fee: \$ _____

Personal Gift Enclosed: \$ _____

Net proceeds from LakeWalk go directly to support the
Regional Cancer Center at Oconomowoc Memorial Hospital.
Donations are tax deductible as prescribed by law.

Total Enclosed: \$ _____

Payment Method

- Check Enclosed
- Cash (Please do not mail cash, hand deliver)
- Credit Card

MasterCard VISA

Card # _____

Exp. Date ____ / ____

Security Code _____

To register by mail, send your entry form and payment to:

**Oconomowoc Memorial
Hospital Foundation – LakeWalk**
791 Summit Avenue
Oconomowoc, WI 53066-3896

**Or you may prefer to register online at
www.lakewalk.org**