



Cancer and Wellness Walk

2010 Registration/Donation Form

Saturday, May 22, 2010 at 9:00 a.m. Comstock House B & B, 414 Maple Street, Big Rapids MI

I'll be there! Walk Fun Run \$15 registration fee – goody bags/t-shirts to the first 100 to register!

Sorry, I'm unable to attend. Please accept my gift of \$ _____ to support the Susan P. Wheatlake Cancer and Wellness Center.

Name: _____ Address: _____

E-mail: _____ Phone: _____

Enclosed please find my cash donation of \$ _____. My check of \$ _____ payable to SPW Cancer Fund is enclosed.

Charge my gift of \$ _____ to my credit card. Visa Master Card Discover American Express

Name on credit card: _____

Account number: _____ Expiration: _____ Signature: _____

Please invite at least **8** people to support local cancer services by making a donation to the Wheatlake Fund!
May attach additional forms!

Name	Address	Phone	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
		Total:	\$

Your optional completion of the following will help us to apply for grant funding for the Wheatlake Wellness Walk/Fun Run.

Gender: F ___ M ___ Date of Birth ___/___/___

Ethnicity: Caucasian African American American Indian Hispanic Asian Multi-Racial

How did you hear about the event? Newspaper ___ TV ___ Radio ___ Flyer ___ Website ___ E-Mail ___ Friend to Friend ___

I understand that my registration in this event is voluntary. I am in good physical condition and realize this event may be a potentially hazardous activity. I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in the event or while on the premises of this event, and I hereby hold harmless Mecosta County Medical Center (MCMC), the MCMC Foundation or any other persons or entities associated with the event from any loss, liability, damage or claims that I may have arising out of my participation in this event, including personal injury or damage suffered by me. If I do not follow all the rules of this event, I understand that I may be removed from participation. I give my full permission to Mecosta County Medical Center and event sponsors to use any photographs, videotapes, or other recordings of me that are made during this event.

 Signature Required by all participants, parent/guardian Date

Susan P. Wheatlake Women's Cancer and Wellness Fund
 605 Oak Street, Big Rapids, MI 49307

Questions, please call 231.592.4327. **For more information, forms and directions, visit www.SPWCenter.org**