



TOTAL \_\_\_\_\_  
 PAID \_\_\_\_\_  
 DUE \_\_\_\_\_

Registered by: \_\_\_\_\_  
 Participant # \_\_\_\_\_

**PARTICIPANT INFORMATION**

Name (First, Last) \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_



**PLEASE PRINT ALL SPONSOR INFORMATION AND INDICATE TOTAL AMOUNT OF PLEDGE.**  
*Make all checks payable to TKRL*

**1**  
 Name (First, Last) \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 \$25  \$50  \$100 Other \$ \_\_\_\_\_ **Pd: Ck # \_\_\_\_\_**  CASH

**5**  
 Name (First, Last) \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 \$25  \$50  \$100 Other \$ \_\_\_\_\_ **Pd: Ck # \_\_\_\_\_**  CASH

**2**  
 Name (First, Last) \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 \$25  \$50  \$100 Other \$ \_\_\_\_\_ **Pd: Ck # \_\_\_\_\_**  CASH

**6**  
 Name (First, Last) \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 \$25  \$50  \$100 Other \$ \_\_\_\_\_ **Pd: Ck # \_\_\_\_\_**  CASH

**3**  
 Name (First, Last) \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 \$25  \$50  \$100 Other \$ \_\_\_\_\_ **Pd: Ck # \_\_\_\_\_**  CASH

**7**  
 Name (First, Last) \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 \$25  \$50  \$100 Other \$ \_\_\_\_\_ **Pd: Ck # \_\_\_\_\_**  CASH

**4**  
 Name (First, Last) \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 \$25  \$50  \$100 Other \$ \_\_\_\_\_ **Pd: Ck # \_\_\_\_\_**  CASH

**8**  
 Name (First, Last) \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 \$25  \$50  \$100 Other \$ \_\_\_\_\_ **Pd: Ck # \_\_\_\_\_**  CASH

**PARTICIPANT REGISTRATION**  
 Please Print

Please complete the Registration portion of this form at right, sign below, then tear at the perforation and mail to the address below. Bring the pledge sheet to the registration table the day of the **LifeWALK**.

**TULARE-KINGS RIGHT TO LIFE**  
**P.O. BOX 3531**  
**VISALIA, CA 93278**

*I release TKRL and the City of Visalia from any liability for this event. I understand that any entry fee is non-refundable. I grant permission to TKRL to use any photographs or videos taken at the event for promotional purposes.*

Participant Name (First, Last) \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

Signature of participant or parent \_\_\_\_\_ Date \_\_\_\_\_