

Sponsor Form Pregnancy Care Center of Lake City and Live Oak

Come Walk or Run For Life!
Lake City—Darby Pavilion
Live Oak—First Federal Sportsplex

REGISTRATION: 8 a.m.
Walk/Run begins at: 9 a.m.

Sept. 28, 2019

5K Walk/Run

**Timed for the serious
runners and walkers!**

Register for race:

pregnancycarecenter5klakecity.racewire.com

pregnancycarecenter5kliveoak.racewire.com

www.raceentry.com

**Get Sponsors
EARN PRIZES**

NOTICE!!!
**Your first \$25 in Sponsors gets you a
free 5K Walk/Run 4 Life T-Shirt**

How to enter:

Get your Sponsor Sheet and begin asking everyone! Any amount!

1. So easy for your Sponsors with cash, check or online donations at www.friendsofpcc.com. Click 'Donate Now', designate funds for 'Walk/Run 4 Life' and enter walker's name or download a Sponsor Form.
2. Support the gift of life with your friends, family or church. Money raised supports women facing unexpected pregnancies giving them the hope they need to choose LIFE.
3. Earn a point for every dollar raised. Awards presented for top point earners per age group.
 - A. Please be sure to PRINT and fill in ALL the information below.
 - B. List the church or business you are participating with (if any).
 - C. Please ask Sponsors to PRINT information on the other side of this form. **

*****Please bring your sponsorship forms and collected money and pledges with you the day of the event to be eligible for prizes and to help our staff with tallying the results.***

Please circle one: I am: Walking Running Biking Stroller Life Supporter (Sitting)

I will be competing as: Timed _____ Untimed _____

My age is: _____ (Must have for prizes): Date of Birth _____

Church / Organization/ Business I am with _____

My Team Builder is: _____ (Leave blank if unknown).

I am Participating in _____ Lake City _____ Live Oak

Title _____ First Name _____ Last name _____

Address: _____ City _____ State _____

Zip _____ Phone _____ Email _____

Parent's Name (if minor) _____

WAIVER OF RESPONSIBILITY: *I participate in this Walk/Run event at my own risk. I agree to indemnify and hold harmless the Pregnancy Care Center, the cities of Lake City, Live Oak, Columbia & Suwannee Counties and all parties connected with this event, in any action or suit involving injury, death or property damage. I also give permission for use of my photo/name in regards to this event.*

SIGNATURE: _____ **DATE:** _____

Your Sponsors:

Name:	Address/Phone/E-mail Address (As much info as possible).	Total Amt.	Cash	Check #
1.				
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19.				
20.				

OFFICE USE ONLY:

Received By: _____

Total Pledged: _____

Total Collected: _____

Number in Group _____