



REGISTRATION FORM

Mail form with payment to:

American Foundation for Children with AIDS
6221 Blue Grass Avenue
Harrisburg, PA 17112

Participant Information

First Name _____ Last Name _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Email _____

Team Name: Churches Unite! Date and Time: Sept. 12 2:00 - 4:00pm

Place: Derry Township's Shank Park and adjacent Jonathan Eshenour Memorial Trail

Other family members: _____

Participant Goals - all donations are tax deductible

Children: \$50 donation

Adults: \$75 donation

People who donate entire amount will receive a free t-shirt and will be entered into raffles for fun items at the end of the walk.

Join us for ice cream at end of the walk!

Payment Information

Make checks payable to AFCA

VISA MasterCard American Express

Cardholder's Name _____

Card Number _____

Expiration Date _____ Verification Code _____

Billing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Free t-shirt when donation made in full: Circle size preferred: S M L

Fees are non-refundable. A returned check fee of \$30 will be assessed for all returned checks.

Registration or event questions, contact Julie Rish at 717-469-0630

Mail registration form and payment to: AFCA, 6221 Blue Grass Avenue, Harrisburg, PA 17112

Fax registration form to: 717.489.0214

By submitting this registration, I understand that the American Foundation for Children with AIDS will not be held responsible for any accident or injury occurring to any individual or team while participating in one of our events and I will not hold them liable in any way whatsoever.