



Upper Walk For Life

Saturday, June 24th 10:00 am

Check-in begins at 9:00 am

Harrison Smith Park

525 E. Wyandot Ave., Upper Sandusky, OH

Step 1: Register

Complete this form and choose one of the following:

- Mail: 217 W Center St., Marion Oh 43302
- Scan Form & Email: voiceofhopepc@yahoo.com
- Bring to check-in the morning of the event (9-9:45am)

* Note unless pre-paid t-shirt will not be guaranteed

Pay registration fee

Mail check with registration packet or pay online at

www.betheldonors.org.

- ⇒ Click on **Walk for Life**, then **Sponsor Here**
- ⇒ Choose "Designated for" option: 5K Run/Walk
- ⇒ Indicate "Upper Walk for Life & t-shirt size" in **Special Notes**.

Step 2: Sign Up Sponsors

Ask family, friends, co-workers and neighbors to sponsor you with a generous gift for your participation in the walk. Please bring your collected sponsorships to check-in on July 8th. Your sponsors can also pay online at www.betheldonors.org by clicking on **Walk for Life**, **Sponsor Here** icon, choose "Designated for" option: 5K Run/Walk and entering your name in the **Special Notes** category.

Door prizes and awards for top 3 participants with most sponsors will be given immediately after the walk.

**Make checks payable to: Voice of Hope Pregnancy Center
Visa or Mastercard: betheldonors.org**

The Walk for Life provides funds for Voice of Hope Pregnancy Centers to continue offering FREE life affirming services to more than 1,000 women, men and children in our communities each year.

Entry Fee: \$25

Participants 12 and under are free. Child size t-shirts are available for \$15, and only for pre-registrants.

First Name: _____

Last Name: _____

Email: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Church _____

T-Shirts: Each paid pre-registered participant, by **June 9th**, will receive a custom designed commemorative t-shirt. T-shirts are not guaranteed for late or race-day registrants.

Please circle one:

Adult: S M L XL XXL XXXL

Child: S M L XL

***Waiver:** I hereby understand that upon my entry into the Voice of Hope Walk for Life, I waive any and all rights I have against the Bethel Ministries, Voice of Hope Pregnancy Centers, staff, volunteers, for any injuries sustained in the event. I give my full permission for Voice of Hope Pregnancy Centers and their partners to use any photographs, videos or other recordings of me that are made during the course of this event. I further attest I am physically fit and have trained for this event.*

I understand that the entry fees are non-refundable.

Signed: _____

Date: _____

For more information contact
Barbara Mills or Shiloh Stimson
740-223-0419 or voiceofhopepc@yahoo.com

Voice of Hope Upper Walk for Life

My Personal Goal is: \$ _____

Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Email: _____

Church: _____

Your Pledge Will Save Lives

The Voice of Hope Upper Walk for Life provides funding to continue offering FREE life-affirming services to nearly 1,000 women, men, and children in Crawford, Marion, and Wyandot counties each year! Pregnancy tests & pregnancy options counseling, limited 1st trimester ultrasounds, prenatal & parenting education, newborn/infant & maternity clothing, sexual risk-avoidance education, and post-abortion recovery.

Please Print Clearly and Fill Out Completely ~ Make Checks Payable to Voice of Hope

Name	Name
Address:	Address:
City, St, Zip	City, St, Zip
Cash / Check Check # _____	Cash / Check Check # _____
\$100 \$50 \$25 Other: _____	\$100 \$50 \$25 Other: _____
Name	Name
Address:	Address:
City, St, Zip	City, St, Zip
Cash / Check Check # _____	Cash / Check Check # _____
\$100 \$50 \$25 Other: _____	\$100 \$50 \$25 Other: _____
Name	Name
Address:	Address:
City, St, Zip	City, St, Zip
Cash / Check Check # _____	Cash / Check Check # _____
\$100 \$50 \$25 Other: _____	\$100 \$50 \$25 Other: _____

Participant Name: _____ **Personal Goal:** _____

Name		Name	
Address:		Address:	
City, St, Zip		City, St, Zip	
Cash / Check	Check # _____	Cash / Check	Check # _____
\$100	\$50	\$25	Other: _____
Name		Name	
Address:		Address:	
City, St, Zip		City, St, Zip	
Cash / Check	Check # _____	Cash / Check	Check # _____
\$100	\$50	\$25	Other: _____
Name		Name	
Address:		Address:	
City, St, Zip		City, St, Zip	
Cash / Check	Check # _____	Cash / Check	Check # _____
\$100	\$50	\$25	Other: _____
Name		Name	
Address:		Address:	
City, St, Zip		City, St, Zip	
Cash / Check	Check # _____	Cash / Check	Check # _____
\$100	\$50	\$25	Other: _____
Name		Name	
Address:		Address:	
City, St, Zip		City, St, Zip	
Cash / Check	Check # _____	Cash / Check	Check # _____
\$100	\$50	\$25	Other: _____

All contributions are tax deductible. Bethel Pro-Life Ministries/ Voice of Hope is a 501(c)3 non-profit organization.