



BUCYRUS WALK FOR LIFE

VOICE OF HOPE PREGNANCY CENTER
115 RENSSELAER STREET
BUCYRUS, OH
CHECK-IN BEGINS AT 9:00 A.M.

**SATURDAY
JULY 7, 2018
10:00 A.M.**

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 (9-9:45 a.m.)

Note: Pre-payment must be completed to guarantee t-shirt.

PAY REGISTRATION FEE

Mail check with registration packet or pay online at

www.betheldonors.org.

- Click on "Walk for Life," then "Sponsor Here"
- Under "My Donation" choose "5K / Walk for Life"
- Indicate "Bucyrus Walk for Life" and t-shirt size in the "other comments" section.

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 7.

Your sponsors can also pay online at **www.betheldonors.org** by clicking on "Walk for Life," then "Sponsor Here." Under "My Donation" choose "5K / Walk for Life" and entering your name in the "other comments" section.

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: **www.betheldonors.org**

FOR MORE INFORMATION

Contact Barbara Mills or Stephanie Byrne at
740-223-0419 or voiceofhopepc@yahoo.com

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 22, will receive a custom designed commemorative t-shirt. T-shirts are not guaranteed for late or day of registrants.

Please select your size (check 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: _____

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.