

Bring this completed form to the walk. You may photocopy this form for additional pledge space.

Participant's Name _____

I am : Adult Teen Child
 Have you walked in a Walk For Life before? Yes No

Address _____

City _____

St _____ Zip _____

Phone _____ Email _____

Church/Group _____

I am unable to walk, but will make a donation of \$ _____
 (Please make check payable to Your Loving Choices, Inc.)
 Please send me _____ additional brochures to distribute at work, church or school.
 All participants do so at their own risk. I hereby agree to indemnify and hold harmless Your Loving Choices, Inc. Pregnancy Resource Center and the Bloomsburg Fire Hall in any action or suit involving bodily injury, death or property damage.
 Participant initials _____

Your Loving Choices, Inc.
 904 Market Street
 Bloomsburg, PA 17815

We can handle the billing for anyone that is unable to pay at the time of their pledge (\$10 minimum for us to bill, please)!

Please print all information clearly. Make check payable to Your Loving Choices, Inc.

Questions? 570.784.6124
ylcfrinds.org/register

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