



## **PARTICIPANT REGISTRATION**

Participant's Name:			
Compa	any Name (if applicab	e):	
Street	Address:		
City: _		State:	ZIP:
PHON	E: ( )	Email Address:	
Sunday in any m and the event. I advised	October 5, 2014 - I agree to nanner I have or may have I ir respective employees or attest and verify that I am otherwise by any qualified ny name, likeness, and imag	waive and release any and all rights and nereafter against the organizers of this e representatives, as a result of my particil physically fit and have sufficiently trained medical personnel. Further, I hereby gra	exual Assault, Walk a Mile in Her Shoes event d claims for injury, damages, or actions whatsoever vent, its participants, its employees, all sponsors, pation in this event - including travel to and from the d for participation in this event, and I have not been int full permission to any all and all of the foregoing opprint, or social media of this event and without
Signature:		Print:	Date:
	T-Shirt Size (circle or Includes event admi	Shoes My Shoe Size (whole size te): Sm Med Lrg XL XXL ssion, an official Walk a Mile t-shi lability is on a first come, first ser	rt, and custom-made men's heels. Men's
	\$50 General- withou	t Shoes T-Shirt Size (circle one)	: Sm Med Lrg XL XXL
		ssion, an official Walk a Mile t-shi be heels. We won't judge.	rt, and the option for man to wear his own
I/We	Can't Participate, but a	ccept my/our gift to help end sex	kual and gender violence!
\$5	00\$250\$100	\$75\$50\$25 \$	_ Other
My/ou	r check is enclosed an	d payable to Northwest CASA in t	he amount of \$
Please	charge my/our (circle o	ne): VISA MasterCard	
Acct #:			Exp Date: /
CVV: _	Name on (	Card:	
Cianati			