



# REGISTRATION FORM

**5K Walk • Saturday, June 1, 2019**

**Start time: 9:00 am to 11:00 am**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Gender (Please check appropriate box)

M

F

Are You A Prostate Cancer Survivor? Yes  or  No

(Please Check Appropriate Box)

I will walk 2 win the fight against prostate cancer and pay the registration fee of \$15 (Fifteenth dollars)  
(\$5.00 dollars for youth 18 and below)

I will make a special donation of \$100.00 \$75.00 \$50.00 \$25.00 other \$ \_\_\_\_\_  
in addition to my registration fee.

My total payment is \$ \_\_\_\_\_ (Dollars) which includes \$ \_\_\_\_\_ for # \_\_\_\_\_ adults  
and \$ \_\_\_\_\_ for # \_\_\_\_\_ children.

**Please make check payable to:**

**Union Temple Baptist Church**

**1225 W Street, SE**

**Washington, DC 20020**

If registrant is a child (under 18) a parent or guardian must sign on signature line below relieving  
all sponsors of liability.

Parent signature \_\_\_\_\_

**THANK YOU FOR JOINING THE FIGHT AGAINST PROSTATE CANCER!**