



NINTH ANNUAL NURSES WALK

Saturday, October 14TH @ 9 am in Anderson
Pre-Event Registration Form due by October 7th
Registration also available after **September 30th** Onsite and Online
Complete One Form per Person

AnMed Health Women & Childrens Hospital Anderson, SC

Name: _____ Date of Birth: _____
Address: _____ City: _____
State: SC Zip: _____ Phone: _____
Email: _____ Registration: **\$25.00**
Team Name (if applicable): _____
T-Shirt will be given with registration
Sweatshirts Available: _____ \$35.00

Donation Information:

Amount Submitted \$ 25.00

Registration is available ONLINE at www.scnursesfoundation.org. Payment may be made using
PayPal. If registering by mail, make checks payable to: SCNF/Nurses Walk

Mail Check with Registration Form to:

SCNF/Nurse Walk, P.O. Box 1768, Columbia, SC 29202 by September 30th, 2017

Please download a pledge form!

To honor a nurse with your donation, enter name here:

(Names will be announced at the Nurses Walk)

I agree to waive and release any and all rights and claims for damages I may have against South Carolina Nurses Foundation, the City of Columbia, Wannamaker County Park and all organizers, volunteers and sponsors of SCNF Nurses Walk. I attest that I am physically fit for participation in this event and grant permission for organizers to use the photographs taken at the event in which I appear for reporting and promotional purposes. Walkers under 18 years old must have parental/guardian permission to participate.

Signature:

Date: _____