



COMMITMENT & REGISTRATION FORM

Sunday, September 27, 2009

- YES! I will show my commitment to the fight against lung disease by Participating in the Hike for Lung Health and raising funds to support the Respiratory Health Association of Metropolitan Chicago.
YES! I agree to meet with an Event Manager to create a fundraising plan and get started!

MY INFORMATION (PLEASE PRINT)

NAME

ADDRESS

CITY STATE ZIP CODE

HOME PHONE BUSINESS PHONE

E-MAIL

Age MALE FEMALE

T-SHIRT SIZE Small Adult M Adult L Adult XL Adult XXL

Where did you hear about Hike for Lung Health?

Have you or someone close to you been affected by of lung disease or lung health concerns?

- Yes, Asthma Yes, COPD (Chronic Bronchitis or Emphysema) Yes, Lung Cancer
Yes, Smoking Yes, Other
No, I have not been Affected by Lung Disease

MY EMPLOYER MY EMPLOYER HAS A MATCHING GIFTS PROGRAM

COMPANY

COMPANY ADDRESS

I WOULD LIKE TO WALK. MY PERSONAL FUNDRAISING GOAL IS: \$. I WILL:

- Start my own team. I will serve as the team captain. Total due =\$10

Team Name
Team Fundraising Goal \$

- Join an Existing Team. Total due = \$10

Team Name Team Capt

- Walk as an Individual. Total due = \$10

I WILL WALK AT THE FOLLOWING SITE:

- Chicago (Lincoln Park) Palatine (Deer Grove Forest Preserve) Virtual Walker

I AM UNABLE TO WALK, BUT I WOULD LIKE TO:

- Make a Donation of: \$100 \$50 \$25 \$ Volunteer on Walk Day

TOTAL AMOUNT DUE: Payment Type: Check Money Order Visa MasterCard American Express Discover

Check/Credit Card Number: Exp. Date:

Cardholder's Name:

I hereby waive all claims against the Respiratory Health Association of Metropolitan Chicago, it's sponsors volunteers, walk partners, or any personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for the event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event. For Hike for Lung Health participants under 18 years of age, parental permission is required.

Signature:

(Parent/guardian's signature if under 18 years of age)

Please return this form to: Respiratory Health Association of Metropolitan Chicago • Attn: Hike for Lung Health
1440 W. Washington Blvd. • Chicago, IL 60607 • Fax: (312) 377-6896 • Questions? Call (312) 628-0210



RESPIRATORY HEALTH ASSOCIATION
of Metropolitan Chicago