| Walk For Education Registration Form                                                                                                                                                                                                                                                                                                                                              |                    |        |                     | 20    | 14/2015           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------|---------------------|-------|-------------------|
| Fill out registration form completely. One form per individual. This <i>completed form</i> with a <b>\$25.00</b> <i>registration fee</i> entitles you to full entry into the Walk for Education event. Please add this amount to the Walk for Education donation sheet for  Submit all donations into CCMA 170 N. Fairground St., Marietta, GA 30060 by <b>October 17, 2014</b> . |                    |        |                     |       |                   |
| Name: Sponsorship amount:_\$                                                                                                                                                                                                                                                                                                                                                      |                    |        |                     |       |                   |
| Check all that apply:                                                                                                                                                                                                                                                                                                                                                             |                    |        |                     |       |                   |
| □ I am a parent of a CCM Academy student □ I am an alumni of CCM Academy □ I am teacher/staff of CCM Academy □ I am a grandparent of a CCM Academy student □ I am a member of Covenant Christian Ministries □ I am a friend or family of CCM/CCM Academy                                                                                                                          |                    |        |                     |       |                   |
| Street Address:                                                                                                                                                                                                                                                                                                                                                                   |                    |        |                     |       |                   |
| City:                                                                                                                                                                                                                                                                                                                                                                             | State:             |        | Zip (               | Code: |                   |
| Primary Phone:                                                                                                                                                                                                                                                                                                                                                                    |                    | Second | ary Phone:          |       |                   |
| Primary E-Mail Address: <i>(required field)</i>                                                                                                                                                                                                                                                                                                                                   |                    |        |                     |       |                   |
| Secondary E-Mail Address:                                                                                                                                                                                                                                                                                                                                                         |                    |        |                     |       |                   |
| During the event, there will be opportunities to volunteer to make sure the event will run smoothly. We welcome your help. Please select the area(s) you would be willing to donate your time and expertise. You will be contacted by one of the event coordinators closer to the day of the event.                                                                               |                    |        |                     |       |                   |
| $\square$ Registration Table $\square$                                                                                                                                                                                                                                                                                                                                            | Serving            |        | Cooking/            |       | Set-Up            |
| □ Clean-Up □                                                                                                                                                                                                                                                                                                                                                                      | lunch<br>First Aid |        | Grilling<br>Parking |       | Trail<br>Monitors |
| Please select the food donation you will bring to the event. Don't worry, you will be reminded of your donation selection by one of the event coordinators closer to the day of the event.                                                                                                                                                                                        |                    |        |                     |       |                   |
| $\Box$ Hamburgers/Buns $\Box$                                                                                                                                                                                                                                                                                                                                                     | Hot<br>Dogs/buns   |        | Condiments          |       | Beverage          |
| $\Box$ Chips $\Box$                                                                                                                                                                                                                                                                                                                                                               | Cookies            |        | Plates/<br>Napkins  |       | Water             |
| Special Notes: [Section to be completed by CCMA personnel only.]  Registration Fee: \$25 Payment Method:   Or  Or                                                                                                                                                                                                                                                                 |                    |        |                     |       |                   |
| Sponsorship amount: \$ Payment Method: □ Cash □ Check □ Credit Card □ Money Order                                                                                                                                                                                                                                                                                                 |                    |        |                     |       |                   |
| Registration received by                                                                                                                                                                                                                                                                                                                                                          |                    |        |                     |       |                   |