

Walk For Education Registration Form (Families) 2014/2015

Fill out registration form completely. One form per family. Completing this form entitles you to full entry into the Walk for Education event. Donations are to be turned in @ CCMA 170 N. Fairground St. Marietta, GA 30064 by **October 17, 2014**.

Family Name:

Contact Address:

City:

State:

Zip Code:

Primary Phone:

Secondary Phone:

Point of Contact E-Mail Address: *(required field)*:

Secondary E-Mail Address:

Anticipated fundraising donation for the family (i.e. \$500.00, \$1,000.00, etc.) \$ _____

Total family members participating including parents: _____
(add sheet of paper for additional names)

1. **Head of Household Name:**

Birthdate: ___/___/___

Gender: Male Female

2. Name:

Birthdate: ___/___/___

Gender: Male Female

3. Name:

Birthdate: ___/___/___

Gender: Male Female

4. Name:

Birthdate: ___/___/___

Gender: Male Female

5. Name:

Birthdate: ___/___/___

Gender: Male Female

6. Name:

Birthdate: ___/___/___

Gender: Male Female

7. Name:

Birthdate: ___/___/___

Gender: Male Female

8. Name:

Birthdate: ___/___/___

Gender: Male Female

Special Notes: **[Section to be completed by CCMA personnel only]**

Registration fee: \$25.00 x _____ (# in family) = \$ _____

Payment type: Cash Check Credit Card Money Order