

# 2019 ANNUAL EPBHC CHARITY WALK-A-THON REGISTRATION FORM

- **Event:** Saturday, May 18, 2019, 9am – 10am, Jamaica Pond  
Registration: 8:15am
- **Registration Fee:**  
Walkers 12 years old and up.....\$15  
Kids under 12 years old.....\$10
- Please fill out this registration form and the separate waiver form for each person walking in the event.
- For those who have received pledges, please fill out the separate pledge form with all donations noted and bring it on the day of the event.

**Please select all that apply:**

**I am walking the day of the event and have obtained pledges.**

Adult/Youth (12 and up) – \$15

Kid (Under 12 years old) – \$10

\*If walking as part of team, please provide team name and captain: \_\_\_\_\_

\_\_\_\_\_  
Please Select your t-shirt size:

Small  Medium  Large  XL  2XL  3XL

**I am not walking, but am supporting the event from afar. Amount of donation:** \_\_\_\_\_

Please fill out all information so we know who made this donation:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Payment method:**

Cash (accepted only day of event on site)

\*Money Order

\*Check # \_\_\_\_\_

Credit Card (Enter Information below)

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_ Card Type: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Make checks and money orders payable to Edgar P. Benjamin Healthcare Center with "Annual Charity Walk-A-Thon" in the memo field.

Mail your registration fee/donation with this form to:

Attn: **Business Office**

**Edgar P. Benjamin Healthcare Center**

**120 Fisher Avenue**

**Boston, MA 02120**

**EDGAR P. BENJAMIN  
HEALTHCARE CENTER**

For more information please contact 617-738-1500 ext. 175, [donate@epbhc.org](mailto:donate@epbhc.org) or visit: [epbhc.org/walkathon/](http://epbhc.org/walkathon/)