

WALK FOR LIFE WEST COAST 2017 Our Lady of Peace Church & Shrine REGISTRATION FORM



SATURDAY, JANUARY 21, 2017

408-988-4585 www.olop-shrine.org info@olop-shrine.org

APPLICANT'S (NOTE: PRINT NAME CLEARLY FOR REGISTRATION PURPOSES) APPLICANT'S SHIRT SIZE: NAME: FIRST NAME MIDDLE NAME LAST NAME ADDRESS: CITY: STATE: ZIP CODE: STREET APT. TELEPHONE CELL# (for contact HOME during walk) E- MAIL ADDRESS (FOR PRE-WALK NOTICES) If Traveling with Shirt Size?: YM, YL, S, M, L, XL, XXL Names of Additional Travelers: your family, only 1 Spouse Name: form needed. Please provide info for each person. Children's Names: (add more on reverse PARISH Our Lady of Peace Church Cell Karen Ruiz **INFORMATION** 408-569-2457 2800 Mission College Blvd. GROUP LEADER'S NAME Santa Clara, CA 95054 IN CASE OF IN CASE OF EMERGENCY (regardless of applicant's age), CONTACT THE FOLLOWING PERSON WHO EMERGENCY WILL BE AVAILABLE DURING THE TIME OF WALK FOR LIFE: NAME: -----ADDRESS:-----TELEPHONES: -----HOME WORK

Booking:

- 1. \$30 required with registration (cash, check payable to Our Lady of Peace, or credit card) for each person using a seat. No refund on deposit once registration accepted. Fee includes transportation by bus, tips, t-shirts
- 2. No One under 18 may register without a chaperone. Confirmation students may register through the Religious Education office.

Total Paid: \$_____(check#, cash, cc)

ADULT TRAVELLER SIGNATURE REQUESTED

of Travelers x \$30 = \$_____