

**2011
DAVINCI CENTER
WALK-FOR-HEALTH**

REGISTRATION FORM

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Contact Info:

Email: _____

Tel: _____

Age: _____ T-shirt size: _____

Registration Fee:

- \$10.00 per adult
- \$ 5.00 per child
- \$20.00 max per family

Checks payable to:

DaVinci Center



Mail to: DaVinci Center
470 Charles Street
Providence, RI 02904

Registration includes free event t-shirt
and refreshments

WALKER SPONSOR LOG

Name of Sponsor	Pledge per Mile
-----------------	-----------------

- | | |
|-----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |

Prizes awarded for:

- ◆ Walking most miles
- ◆ Raising most funds
- ◆ Greatest number of sponsors

How Can You Help?

1. WALK - Walk and acquire a sponsor.
2. SPONSOR - Sponsor a walker.
3. AD SIGN - Purchase a 12 X 18 full color sign for \$50.00. Signs will be displayed .
4. CORPORATE SPONSOR - Businesses \$300

Corporate Sponsor Perks

Businesses that make a cash donation of over \$300 or staff pledges which exceed \$300 will have their name on a banner and will receive a commemorative plaque to be displayed at your work place.

I wish to:

- Walk _____
- Sponsor a Walker _____
- Purchase Ad Sign _____
- Be a Corporate Sponsor _____
- Cash Donation _____

**DAVINCI CENTER
WALK-FOR-HEALTH**

SATURDAY, OCTOBER 15, 2011

LINCOLN WOODS STATE PARK

10:00 AM - 1:00 PM

