

Entry Form (PLEASE PRINT)

May 2022

Walks for Cancer

In which Walk do you normally participate?

- LakeWalk**
 Oconomowoc
- ParkWalk**
 Mukwonago
- RiverWalk**
 Waukesha

I am walking as:

- Individual
 Team member
 Team captain

Team Name _____

Company/Org _____

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____

Email _____

By providing an email address, you will receive Walk e-mail updates and receipt of transaction.

T-Shirt Size

Decline shirt.

ADULT Unisex T-Shirt:

- Small XL
 Medium 2XL
 Large 3XL

CHILD T-Shirt:

- S (Youth 6-8)
 M (Youth 10-12)
 L (Youth 14-16)

Shirts will be mailed to the address listed above.

I am a cancer survivor. Please mail me a survivor medal with my t-shirt.

Additional Registrants

Shirt Size

(First and Last Name)

Participants should talk to their doctor before taking part in the walk. Participants will be walking in a public area, and ProHealth Care is not responsible for participant injuries. Participants should exercise the utmost care and are responsible for any damage they cause. ProHealth Care may use the name and pictures of participants in media accounts of the event.



MUKWONAGO • OCONOMOWOC • WAUKESHA

ProHealthCare.org/WalksforCancer
WalksforCancer@phci.org
 262-928-9255

Registration Fee - \$25*

**Go paperless and save \$5 by registering online!*

Registration Fee x _____: \$ _____
(number of registrations)

Personal Gift Enclosed: \$ _____

Please use my gift for:

- Breast Cancer Services General Cancer Services

Total \$ _____

Payment Method

Check (made payable to PHCF - Walks for Cancer)

Cash

To register by credit card, please use our secure website.

Just for fun: What song do you like to listen to when you walk?

Submit completed form and payment to:

Walks for Cancer
 ProHealth Care Foundation
 725 American Avenue
 Waukesha, WI 53188



PROHEALTH CARE