



SPONSOR PLEDGE FORM

Walker's Name (First, Last) _____ Phone _____
 Address _____
 City _____ State _____ Zip _____
 E-mail Address _____ Church or Organization _____

PLEASE PRINT ALL SPONSOR INFORMATION AND INDICATE TOTAL AMOUNT OF PLEDGE.

1
 Name (First, Last) _____ Phone _____
 Address _____
 City _____ State _____ Zip _____
 E-Mail Address _____
\$15 \$20 \$25 \$50 \$75 \$100 Other \$ _____

2
 Name (First, Last) _____ Phone _____
 Address _____
 City _____ State _____ Zip _____
 E-Mail Address _____
\$15 \$20 \$25 \$50 \$75 \$100 Other \$ _____

3
 Name (First, Last) _____ Phone _____
 Address _____
 City _____ State _____ Zip _____
 E-Mail Address _____
\$15 \$20 \$25 \$50 \$75 \$100 Other \$ _____

4
 Name (First, Last) _____ Phone _____
 Address _____
 City _____ State _____ Zip _____
 E-Mail Address _____
\$15 \$20 \$25 \$50 \$75 \$100 Other \$ _____

5
 Name (First, Last) _____ Phone _____
 Address _____
 City _____ State _____ Zip _____
 E-Mail Address _____
\$15 \$20 \$25 \$50 \$75 \$100 Other \$ _____

6
 Name (First, Last) _____ Phone _____
 Address _____
 City _____ State _____ Zip _____
 E-Mail Address _____
\$15 \$20 \$25 \$50 \$75 \$100 Other \$ _____

7
 Name (First, Last) _____ Phone _____
 Address _____
 City _____ State _____ Zip _____
 E-Mail Address _____
\$15 \$20 \$25 \$50 \$75 \$100 Other \$ _____

8
 Name (First, Last) _____ Phone _____
 Address _____
 City _____ State _____ Zip _____
 E-Mail Address _____
\$15 \$20 \$25 \$50 \$75 \$100 Other \$ _____

9
 Name (First, Last) _____ Phone _____
 Address _____
 City _____ State _____ Zip _____
 E-Mail Address _____
\$15 \$20 \$25 \$50 \$75 \$100 Other \$ _____

10
 Name (First, Last) _____ Phone _____
 Address _____
 City _____ State _____ Zip _____
 E-Mail Address _____
\$15 \$20 \$25 \$50 \$75 \$100 Other \$ _____

11
 Name (First, Last) _____ Phone _____
 Address _____
 City _____ State _____ Zip _____
 E-Mail Address _____
\$15 \$20 \$25 \$50 \$75 \$100 Other \$ _____

12
 Name (First, Last) _____ Phone _____
 Address _____
 City _____ State _____ Zip _____
 E-Mail Address _____
\$15 \$20 \$25 \$50 \$75 \$100 Other \$ _____

WALKER REGISTRATION

Please Print

Please complete the Walker Registration portion of this form at right, sign below, then tear at the perforation and mail to the address below. Bring the remainder of the form to the registration table the day of the **WALK FOR LIFE**.

**TULARE-KINGS RIGHT TO LIFE
 POST OFFICE BOX 3531
 VISALIA, CA 93278**

I release TKRL from any liability for this event.

Signature of Walker or Parent of Walker

Walker's Name (First, Last) _____ Phone _____
 Address _____
 City _____ State _____ Zip _____
 E-Mail Address _____ Church or Organization _____
 I am: Adult Teen Child

