

Walk For Education Registration Form (Individuals Only)**2010/2011**

Fill out registration form completely. One form per individual. Completing this form entitles you to full entry into the Walk for Education event. Turn your donations into CCMA 170 N. Fairground Ave Marietta, GA 30064 by **October 15, 2010**.

Name:

Are you expecting to bring a monetary donation to support the fundraising goal?

 Yes – Anticipated amt: \$ _____ No, I just want to support CCMA

Check all that apply:

 I am a student of CCMA I am a parent of a CCMA student I am a member of Covenant Christian Ministries I am a friend or family of CCM/CCMA I am a local business owner/representative

Birthdate: ____ / ____ / ____

Gender: Male Female

Street Address:

City:

State:

Zip Code:

Primary Phone:

Secondary Phone:

Primary E-Mail Address: **(required field)**

Secondary E-Mail Address:

During the event, there will be opportunities to volunteer to make sure the event will run smoothly. We welcome your help. Please select the area(s) you would be willing to donate your time and expertise. You will be contacted by one of the event coordinators closer to the day of the event.

 Registration Table Serving lunch Cooking/
Grilling Set-Up Clean-Up First Aid Parking Supporting
VendorsSpecial Notes: [**Section to be completed by CCMA personnel only**]