



U.S. ANCOP WALK 2011

REGISTRATION FORM



Please PRINT all information. Visit www.ancopwalk.us for date, time and address of your Walk location

WALK LOCATION	FLORIDA	GEORGIA	ILLINOIS
	MARYLAND	NEW JERSEY	NORTH CAROLINA
	SOUTH CAROLINA	NORTHERN CALIFORNIA	SOUTHERN CALIFORNIA
	TEXAS	VIRGINIA	WASHINGTON

LAST NAME:		FIRST NAME	
Address:			
City/Town		State	Zip Code
Tel. No.		Email:	
Group/Team		T-Shirt size: S M XL XXL	
FUNDRAISING GOAL: (CSP) CHILD \$ _____ (CDP) Shelter \$ _____ Operational Fund \$ _____			

REGISTRATION PAYMENT:

\$15.00 Regular (Adult, 21 and above) \$10.00 (Age 20 and below) FREE (Children, 7 years and below, should be accompanied by parent or guardian)	Register Online at www.ancopwalk.us Online registration via credit card is available at our website: www.ancopwalk.us Online registration is quick, easy and secure. You get your own ANCOP Walk homepage, print your pledge form and send emails to friends and family to support you.
Please make check payable to ANCOP FOUNDATION (USA), Inc. Payment Type: Check : _____ Cash: _____	

PRIVACY GUIDELINES:

I consent to the collection, use and disclosure of all information collected by the ANCOP Walk Committee and ANCOP Foundation (USA) Inc. Team Captains, Organizational Representatives and Agents only for the purposes of future contacts, statistical purposes and processing of my registration and donations/pledges.	<input type="checkbox"/>
I do not wish to be contacted by ANCOP Walk Committee and/or ANCOP Foundation (USA), Inc.	<input type="checkbox"/>

DECLARATION:

In consideration of accepting this entry and granting of the right to participate, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, personal representative, successors, and assigns, hereby release, waive and forever discharge any and all claims for losses and damages I may have against the Event Committee, ANCOP Foundation (USA), Inc., ANCOP Walk Event Volunteers, Event Sponsors, City Government hosting this event, City and Provincial Police, their representatives, successors and assigns and/or any other person whomsoever, for any and all injuries, illnesses, including death that may result from my participation in this event. I represent and affirm that I am in proper physical condition to participate in this event and have sufficiently trained for the completion of this event. I also understand that any sponsor may use my name and/or pictures taken during this event for publicity of the ANCOP Walk and/or ANCOP Foundation (USA) Inc., without obligation or liability to me. By submitting this entry, I acknowledge having read, understood and agree to the above waiver, release and indemnity.

NAME: _____ SIGNATURE: _____
 PRINT NAME (If participant is under 18 years old, parent or legal guardian must sign)

Participant # _____ (to be assigned by ANCOP REGISTRAR)