



**11th Annual BJCDA 5K Walk for Cancer
Benefiting the
Bettie Jane Cancer Foundation
Sunday, May 5, 2019 @ Baker Park
3pm – 4:30 pm – Registration begins at 2pm.**



PLEDGE FORM

Name of Participant: _____

Family Last Name or TEAM (10 or more) name _____

All checks should be made payable to: The Bettie Jane Cancer Foundation

Parent Signature for all walkers under age 18 required.....authorizing permission for student's participation and releasing BJCDA and the Bettie Jane Cancer Foundation of any liability from injury, other damages, etc. You are also authorizing BJCDA and BJCF to utilize photographs from the event for promotional and website purposes.

Parent Name: _____ **Parent Signature:** _____

Pledge Name: _____	Pledge Amt: _____	Cash/Check#	Paid by: _____
<input type="checkbox"/> Check box for receipt, then provide address _____			

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Total Amount Turned In: _____

