

Arkansas Valley Pregnancy Center
Walk for Life Children's Registration

Name _____ Age _____

Address _____

City, State, ZIP _____

Phone _____ Circle One: Boy Girl

Parents' Names _____

Name of Your Church _____

Number of postal (handwritten) letters I am turning in _____

Number of e-mail letters I have sent _____

I grant permission for _____ to participate in the
(Child's Name)
Walk for Life and release the Arkansas Valley Pregnancy Center from any liability
for this event.

I understand that all Kids Contest letters become the property of the Arkansas
Valley Pregnancy Center and may be used in the quarterly Update or for other
uses as the Pregnancy Center may choose.

Signed (Parent or Guardian) _____

Date _____

----- FOR OFFICE USE ONLY ----- FOR OFFICE USE ONLY ----- FOR OFFICE USE ONLY -----

Number of Postal Letters/Envelopes _____

Number of E-mails Sent _____

Total Letters _____

Number of Tickets for Drawing _____

Extra Ticket for Early Registration _____

Total Tickets for Drawing _____