

Walker Registration Form



3RD ANNUAL LEHIGH VALLEY MENTAL HEALTH AWARENESS WALK

www.facebook.com/LVMentalHealthWalk/

Stop the Stigma and Start Educating

Coordinated by **Recovery Partnership**

Friday, May 4, 2018 from 10:00am-2:00PM

Rain Date: Friday, May 11, 2018

Held at
The Bethlehem Rose Gardens
Broad Street & 8th Avenue
Bethlehem PA

Please mail completed form to: Recovery Partnership, Attn: Angela Lender, Lehigh Valley Mental Health Awareness Walk Committee, 70 W. North Street, Suite 101, Bethlehem PA 18018, by **March 30, 2018**. You may email completed forms to angieh77@ptd.net or fax completed forms to (610) 861-2781 Attn: Angela Lender.

1. WALKER NAME: _____

2. WALKER ADDRESS: _____

3. TELEPHONE NUMBER: _____

4. EMAIL ADDRESS: _____

***** Shirts and Lunches are only available to the first 300 Registrations. *****

There will be shirts available to purchase at the walk if you are not one of the first 300 Registrations. There will also be water and donated snacks available.

5. T-SHIRT SIZE SELECTION: (Choose only 1)
LARGE _____ X-LARGE _____
Quantity Quantity

6. LUNCH SELECTION: (Choose only 1)
VEGETARIAN _____ TURKEY AND CHEESE _____ HAM AND CHEESE _____
Quantity Quantity Quantity