



ANCOP USA WALK  
 • I will walk for the poor •  
 • Walk with me •

# ANCOP WALK 2017 REGISTRATION FORM

Please PRINT all information. Visit [www.ancopusawalk.org](http://www.ancopusawalk.org) for date time and address of your walk location.

<b>Walk Location:</b> (Encircle one)	
<b>Surname</b>	<b>First Name</b>
<b>Address:</b>	
<b>City/Town</b>	<b>Province/State</b>
<b>Country</b>	<b>Zip Code</b>
<b>Tel. No.</b>	<b>E-Mail</b>

<b>Group/Team</b> _____	<b>T-Shirt Size – S M L XL XXL Encircle one</b>
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<b>FUNDRAISING GOAL</b>	<b>\$</b> _____
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## REGISTRATION PAYMENT

<p>\$15 Regular (Adult)          \$10 (Age 20 and below)          Cash          Check Make payable to: <i>ANCOP Foundation (USA), Inc.</i>          Payment Type:</p>	<p><b>Register Online at <a href="http://www.ancopusawalk.org">www.ancopusawalk.org</a></b>          Online registration via Credit Card is available at our website: <b><a href="http://www.ancopusawalk.org">www.ancopusawalk.org</a></b>          Online registration is quick, easy and secure. You get your own ANCOP Walk homepage, print your pledge form and send e-mail to friends and family to support you.</p>
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## PRIVACY GUIDELINES

**I consent** to the collection, use and disclosure of all information collected by the ANCOP Walk & ANCOP USA employees, Team Captains, organizational representatives and agents only for the purposes of future contacts, statistical purposes and processing of my entry and donations.

**I do not wish** to be contacted by ANCOP Walk / ANCOP USA.

## DECLARATION

In consideration of accepting this entry, and granting of the right to participate, I the undersign, 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.

SIGNATURE (If participant is under 18 years old, parent or legal guardian must sign)	Internal Use Only (Verified and accepted by (ANcop Walk official))
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<b>PARTICIPANT #</b> <i>to be assigned by ANCOP REGISTRAR</i>
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