



ANCOP USA Virtual Walk 2020

I'm steppin' up for the poor. Are you with me?

REGISTRATION FORM

CONTACT INFORMATION (Fill up one form per person)

Location: _____ Team: _____
 First Name: _____ Last Name: _____
 Address: _____ Email: _____
 City/State/Zip: _____ Phone: _____
 Ministry: _____ Fundraising Goal: _____

| Please Check | Registration Type | Price |
|--------------------------|----------------------------|----------|
| <input type="checkbox"/> | Adult – 18 and older | \$15.00 |
| <input type="checkbox"/> | Youth – under 18 years old | \$10.00 |
| | Donation | \$ _____ |

Card Type: VISA MASTERCARD AMEX DISCOVER CHECK # _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Amount: _____

Signature: _____

(If participant is under 18 years old, parent or legal guardian must sign)

| |
|---|
| <p>Mail check payable to: ANCOP Foundation USA 315 W. Maple Avenue Monrovia, CA 91016</p> |
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In consideration of submitting 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 organizing team of ANCOP USA Virtual Walk 2020, ANCOP Foundation USA, Couples for Christ, members of their respective Board of Trustees, their officers and members, all event sponsors, their representatives, successors, and/or any other person whomsoever, for any and all injuries, illnesses, including death, that may result from my participation in this virtual 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 USA Virtual 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.

Note to ANCOP Coordinators: For families paying under one check, please reference the check # number on each form. If they are willing to pay via credit card, please use online registration on their behalf.