



ANCOP USA WALK

Let's journey together for the poor

REGISTRATION FORM

CONTACT INFORMATION (ONE FORM PER PERSON)

Region: _____ Chapter: _____

First Name: _____ Last Name: _____

Address: _____ Email: _____

City/State/Zip: _____ Phone: _____

Ministry: _____ Fundraising Goal: _____

Please Check Registration Type

Price

Adult – 18 and older	\$20.00
Youth/Child – 18 and below	\$12.00
Child – 12 and below w/out mobile app	\$7.00
Donation	\$ _____

Card Type: VISA MASTERCARD AMEX DISCOVER CHECK # _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Amount: _____

Signature: _____

Mail check payable to:
ANCOP Foundation USA
315 W. Maple Avenue
Monrovia, CA 91016

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 Walk 2021, 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 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.