



PARTICIPANT'S FORM

Participant's Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Email _____
 Church _____ Address _____ City _____
 Pastor's Name _____ Church/Phone _____ Jurisdiction _____

(CIRCLE YOUR CHOICE)

(\$10.00 Registration) Tee Shirt: Small Medium Large XL 2X 3X 4X
 Child Small Child Medium Child Large

(\$20.00 Registration) Golf Shirt: Medium Large XL 2X 3X 4X

Voluntary Participation Agreement & Liability Waiver: All participants and volunteers must sign a waiver. Participants and volunteers under age 18 must have the signature of a parent or legal guardian.

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event and am in good physical condition. I know that this event is potentially hazardous and I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event. I hereby release and hold harmless and covenant not to file suit against the *Church of God in Christ, Inc.*, its local affiliates, and any affiliated individuals, any sponsors and their agents and employees, and all other persons or entities associated with this event from any loss, liability, or claims that I may have arising out of my participation in this event, including personal injury or damage suffered by me or others, whether same caused by falls, contact with participants, conditions of the course, or otherwise. I (we) give full permission to the *Church of God in Christ, Inc.* and its local affiliates and their sponsors to use any photographs, videotapes, or other recordings of me and/or my child that are made during the course of this event.

PLEASE PRINT Participant's Name _____

Date _____ Signature _____

I AM THE PARENT/GUARADIAN OF THE PARTICIPANT NAMED ABOVE.
 WE (I and the participant) HAVE READ AND COMPLY WITH THIS PARTICIPATION AGREEMENT.

Parent/ Guardian Signature _____



First Name _____ Last Name _____

Email _____ Phone _____

Local Church _____

Pastor _____

Dear Sponsor: I plan to participate in the upcoming COGIC World Missions Walk-A-Thon in our area on Saturday, September 12, 2009. Your donation to this global initiative will assist COGIC Missions in their outreach to churches, schools, orphanages, medical ministries in 58 countries around the world. Checks may be made payable to the Church of God in Christ. All contributions are tax-deductible.

You can watch the Global event online, October 10, 2009 @ www.cogic.org.

Suggested Donation Amounts: • \$5.00 • \$7.00 • \$10.00 • \$15.00 • \$20.00 • Other _____

Name of Sponsor	Sponsorship Donation (\$)	Date of Paid Donation
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Prepaid sponsor donations are recommended as this annual campaign will conclude on Saturday, September 12, 2009
Thank you for your support and cooperation.