

CHOICE, unlimited's Hike for Health 2019

All monies raised help support CHOICE, unlimited's Health and Wellness Program.

Hiker Name: _____

Address: _____

Phone: _____

Please keep top-half of form to collect additional pledges and win prizes (*see reverse side*)!
Additional pledge sheets available at the CHOICE, unlimited office.

	Sponsor's Name	Pledge	Paid	Cash/Check #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				



Sign ME up!

Hiker Name: _____

Address: _____

Phone: _____

T-Shirt Size (Circle One) Adult: S M L XL XXL XXXL Child: S M L XL

Pledge Amount Enclosed (Minimum: \$25.00) _____

I release CHOICE, unlimited and any and all sponsors of this hike from liability for illness or injuries I may suffer as a result of my participation in this hike. I verify that I am physically fit for all activities involved in the hike.

Hiker's Signature: _____ Date: _____