

Georgia 2-Day Walk for Breast Cancer 2024 Walker Registration Form September 28 -29, 2024



Name: _____

Address: _____ City: _____

State: _____ ZIP Code: _____ County: _____

Phone (H): _____ E-mail (required): _____

Phone (C): _____ Team Name: _____

Date of Birth (required): ____/____/____ Gender: Male Female Prefer not to respond

Are you a breast cancer survivor? Yes No

T-shirt size: S M L XL 2XL 3XL Meal Types: Vegetarian Regular Gluten-Free

Including this year, how many years have you participated in the Georgia 2-Day Walk? (Choose *Rookie* if this is your first year.)

Rookie 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 GG

How did you hear about the Georgia 2-Day Walk?

- I am a Prior Participant
- Family/Friend (provide name): _____
- Facebook/Social Media (please specify): _____
- Advertising (radio, tv, billboard): _____
- News/Publications (please specify): _____
- Work/Corporate Sponsorships: _____
- Other: _____

Walker Registration Types:

TWO-DAY WALKER (\$JJ Registration Fee)

Registration Fee includes a shared Saturday night hotel room, 4 meals, your 2-Day victory t-shirt, and transportation back to the Marriott.
Fundraising Minimum \$1,000

SATURDAY ONLY WALKER (\$IJ Registration Fee)

Registration Fee includes your 2-Day victory t-shirt, breakfast and lunch on Saturday, but **does not** include the hotel stay or Saturday Night Dinner.
Fundraising Minimum \$750

SUNDAY ONLY WALKER (\$49 Registration Fee)

Registration Fee includes breakfast on Sunday, your 2-Day victory t-shirt, and transportation back to the Marriott.
Fundraising Minimum \$500

STUDENT 2-DAY WALKER (\$JJ Registration Fee)

Age 14-22, Registration Fee includes a shared Saturday night hotel room, 4 meals, your 2-Day victory t-shirt, and transportation back to the Marriott.
Fundraising Minimum \$500

STUDENT SUNDAY ONLY WALKER (\$GJ Registration Fee)

Age 14-22, Registration Fee includes breakfast on Sunday, your 2-Day victory t-shirt, and transportation back to the Marriott.
Fundraising Minimum \$250

Method of Payment: Check Cash Credit (processing fee will apply) Mail check and registration form to: **40 Technology**

Parkway South, Suite 200, Peachtree Corners, GA 30092 Make check payable to Georgia Alliance for Breast Cancer

Name on Credit Card: _____ Visa MasterCard American Express Discover

Credit Card #: _____ 3 or 4 digit security #: _____

Signature (for CC only): _____ Expiration Date: _____

Billing Address if different from mailing: _____