

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Name/Captain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participating in: □ 1m Walk □ 5k Run

* Verified Pregnancy Tests
* Options Counseling
* Ultrasounds
* Learning for Life Program
* Nutrition Classes
* Parenting Classes
* Pre/Post Natal Classes
* Maternity Clothes
* Baby items and furniture

**Care Net’s 2021 RACE/RUN/WALK ● OCTOBER 9,2021 ● Sundial Bridge**

The Annual Fun Run provides funds for Care Net Pregnancy Center of Northern California to continue offering FREE services to women and families in our local community.

Our FREE services include:

**Your Pledge Makes a Difference!**

**Fundraise Online! www.carenetredding.org/5K**

My Personal Goal Is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remember to sponsor yourself!

|  |  |
| --- | --- |
| **PLEASE PRINT CLEARLY** | **Make Checks Payable to: Care Net Pregnancy Center** |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (for a donation receipt)  □ $100 □ $50 □ $25 Other\_\_\_\_\_ □ Paid Cash □ Bill Me  (Do not include donations recorded online) □ Paid Check # \_\_\_\_\_\_\_\_ | Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (for a donation receipt)  □ $100 □ $50 □ $25 Other\_\_\_\_\_ □ Paid Cash □ Bill Me  (Do not include donations recorded online) □ Paid Check # \_\_\_\_\_\_\_\_ |
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**Office Use Only**

Cash total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL $\_\_\_\_\_\_\_\_\_\_\_\_\_\_