Registration form:
6 Mile Geltrude Foundation Chocolate Tour WALK
August 24, 2013 (Rain or Shine)

PENNSTATE HERSHEY
Cancer Institute

Name:_____

Address:_____

CITY State Zip: _____**Phone:**_____

E-mail:_____ **Shirt size :S, M, L, XL** *(circle one, T-shirt not guaranteed if received after 08/01/2013)*

I will be participating in the following event: (FOR REGISTRATIONS RECEIVED AFTER 08/01/2013 or ON THE DAY OF THE EVENT, AN ADDITIONAL ($10) MUST BE ADDED)

Mail in registrations should be received no later than 08/14/2013

☐ The 6 mile ***Geltrude Foundation*** Chocolate tour WALK event…….…… ($30)

☐ I would like to volunteer for the event. Please contact me.
☐ I am not able to participate in the event, but would like to donate the following amount: $_____.

For more information go to: **http://www.pennstatehershey.org/web/melanoma/home/fundraising**

Payment: Enclosed is a check for the total amount of $_____made **payable to Penn State**.

Please mail to: Anton Mulder, Penn State Hershey Cancer Institute, 500 University Drive, MC: CH74, Hershey, PA 17033.

Please note: ***Event will take place rain or shine – No refunds will be provided.***

I understand that participation in this type of event presents certain risks and hazards that may result in harm to me or my child. In consideration of my participation in this event, I hereby agree to release, discharge and hold harmless, on behalf of myself or my minor child, Pennsylvania State University, Penn State Milton S. Hershey Medical Center, their respective trustees, officers, agents and employees, from all causes of action, liabilities, damages, and/or suits or demands whatsoever, resulting or arising from my or my minor child's participation in this event.

Signature of entrant OR parent/guardian if under 18 years-of-age:

_____ **Date:** _____