

Walker's Name: _____	Phone: _____	FOR OFFICE USE ONLY: Total: _____ Cash: _____ Checks: _____ Bill: _____
Address: _____	Church: _____	
City, State, Zip: _____	_____ Adult _____ Teen/Child	

PRINT Information and circle cash, check, or bill . (We can not bill without an accurate address)

First _____ Last _____
 Address _____
 City _____ ST _____ Zip _____
 Phone _____
 Amount _____ Cash Check Bill

First _____ Last _____
 Address _____
 City _____ ST _____ Zip _____
 Phone _____
 Amount _____ Cash Check Bill

First _____ Last _____
 Address _____
 City _____ ST _____ Zip _____
 Phone _____
 Amount _____ Cash Check Bill

First _____ Last _____
 Address _____
 City _____ ST _____ Zip _____
 Phone _____
 Amount _____ Cash Check Bill

First _____ Last _____
 Address _____
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