I CAN ONLY IMAGINE 5K *RUN WALK STROLL*

SUPPORT FORM

Saturday, April 27th at 10:00 a.m.

Participant Name_____

I'm participating with a group_____

I'm participating in the 5K Run, Walk, Stroll Event to help increase awareness of child abuse during National Child Abuse Prevention Month. All proceeds from support donations directly benefit Agape House, a non-profit organization providing a home, school and counseling for teens and young women who have suffered from abuse. For more information visit www.AgapeHouseHeals.org

My registration fee of $20 will be waived if I raise $100 or more in Support Donations. All monies must be raised and submitted by race day.

Please make checks payable to: Agape House, Inc.

Participant Name_____

Phone (___)_____ Email_____

Address_____ City_____ State____ Zip_____

Full Name	Address	Phone	Amount