



LOVE NEVER FAILS **5K RUN WALK STROLL**

SUPPORT FORM

Saturday, April 25th 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 (or \$30) 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