



GILL'S WALK-OFF!

KAPCO PARK SATURDAY JULY 31ST FOR CANCER

WALKER REGISTRATION

Registering online is recommended:
give.aurora.org/gillswalkoff

Team name _____ Team captain _____
Your last name _____ First name _____ Phone _____
Address _____ Email _____
City _____ State _____ ZIP _____ Birth date _____ ☐ Male ☐ Female

Pledge to make a difference!

While there are no registration fees, we encourage each participant to set a personal fundraising goal

Donation Amount \$ _____ Are you donating to a specific walker? _____

Donation Allocation: ☐ Aurora Grafton Clinic ☐ Aurora Germantown Clinic ☐ Aurora Good Hope Clinic

T-shirts are provided to those who raise or donate \$25

Adult: ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

Additional fundraising and incentive levels are available

**ALL PROCEEDS go to:
Aurora Cancer Care**

Credit Card Information:

CC#: _____

Expiration Date(MM/YY): ____ / ____ CVC Code: _____

Billing ZIP Code: _____

Make checks payable to: Aurora Health Care Foundation

For administration use:

Paid cash _____ Check _____ CC _____ Total amount _____

YOU CAN ALSO REGISTER FOR GILL'S WALK-OFF FOR CANCER:

ONLINE give.aurora.org/gillswalkoff

BY PHONE 262-618-4659

IN PERSON 983 Badger Circle, Grafton

I understand that my participation in Gill's Walk Off for Cancer (the "Event") is voluntary and I hereby agree to and fully release and hold harmless Lakeshore Baseball Holdings, Kapco Park, Concordia University Wisconsin, and Aurora Health Care Foundation and their respective employees, agents, and volunteers from any and all liability, damages, claims, or causes of action arising out of or having any connection with my participation in the Event. I also grant permission for photos of myself to be taken during the Event to be used by parties listed above for educational and marketing purposes.

Signature _____

Date _____

Participant signature necessary. If under 18, signature of legal guardian is required

