



**BENEFIT  
WALK**

Sponsored by:



**FRIDAY, AUGUST 17, 2018**  
**LOGAN VALLEY MALL**  
**8AM - 10AM**

**REGISTRATION**  
**7:30AM - 8:00AM**

Official Kick-off for the 14<sup>th</sup> Annual



**Pick up your registration form at the following locations:**

- **Altoona Mirror**  
301 Cayuga Ave., Altoona, PA
- **Lung Disease Center of Central PA**  
800 Chestnut Ave., Altoona, PA
- **Select Specialty Hospital – “Admissions”**  
320 Main Street, Johnstown, PA
- **Print out a form on the “Altoona Mirror Health-O-Rama” Facebook Page**
- **Request a form by email:**  
sherris@altoonalungspecialists.com

**Registration only \$10**  
Includes a t-shirt!

**Prizes to be awarded in several categories!**



**For more information**  
**call Sherri Stayer**  
**at 814-946-2845.**  
**www.thelungspecialists.com**

*Proceeds benefit the*

**Lung Disease Foundation of Central PA | 501C3 Nonprofit**



## Beacon of Light on Lung Cancer Benefit Walk

Friday, August 17, 2018 • 8:00 A.M. TO 10:00 A.M. • Registration begins at 7:30 A.M.  
 Inside Logan Valley Mall • Applebee's Entrance • Official Kick-Off to 2018 Health-O-Rama

**OFFICIAL REGISTRATION FORM / PLEDGE SHEET – REGISTRATION FEE: \$10.00**

**PLEASE MAKE CHECKS PAYABLE TO: Lung Disease Foundation of Central PA**

Walker Name:			
Address:			
Phone:	Gender: M F	Birthdate:	Age:

WAIVER	
<p>I hereby waive all claims against the Lung Disease Center of Central PA, Select Specialty Hospital, and the Altoona Mirror, or any personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotion of this event.</p>	
Signature of Walker _____	Signature of parent/legal guardian if under 18 years of age _____

**Admin Use Only**	
Walker's Number:	Card #
T-Shirt Size: S M L XL XXL	Exp. Date __/__/__ Security Code (3 digit) _____
# of full laps _____ # of half laps _____	Name on Card:
Fee \$10 + Donations \$ _____ = Total \$ _____	Billing Address if different from above:
Cash _____ Check# _____ Charge\$ _____	
CC <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISCOVER	Signature:

### WALK PLEDGES

	NAME	ADDRESS	PLEDGE \$	\$ PER LAP	TOTAL
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
		<b>Sub-Total</b>			
				<b>TOTAL RAISED</b>	

Please Complete Form and Return to: Sherri Stayer  
 800 Chestnut Ave., Altoona, PA 16601 • 814-946-2845 • sherris@altoonalungspecialists.com

