



REGISTRATION FORM

Mail form with payment to:

American Foundation for Children with AIDS
6221 Blue Grass Avenue
Harrisburg, PA 17112

Participant Information

First Name _____ Last Name _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Telephone _____ Email _____

Team Name (If applicable) _____

Activity Climb Run Hike Cycle Other _____

Location _____

Local newspaper _____ Participation date _____

Suggested Participant Goals

Individual goals:

- \$90 - provides a child with 3 months of life saving medicine
- \$180 - provides a child with 6 months of life saving medicine
- \$360 - provides a child with 12 months of life saving medicine

Team goal:

- \$2000 - will provide food for 150 orphan families for one month

Payment Information - Registration form received without payment won't be processed

Make checks payable to AFCA

VISA MasterCard American Express

Cardholder's Name _____

Card Number _____

Expiration Date _____ Verification Code _____

Billing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Registration fee: \$15

Additional \$10 to receive t-shirt.
Indicate size preferred: S M L XL

Registration fees are non-refundable. A returned check fee of \$30 will be assessed for all returned checks.

Registration or event questions, contact Tanya Weaver at 717.489.0206 or tweaver@AFCAids.org

Mail registration form and payment to: AFCA, 6221 Blue Grass Avenue, Harrisburg, PA 17112

Fax registration form to: 717.489.0214

Register online at www.ClimbUpSoKidsCanGrowUp.com