- LUNG FORCE Run/Walk Registration Form –

Register online at action.lung.org/lvrunwalk or return the completed form to:
American Lung Association | c/o Lung Force Run/Walk
2200 W. Hamilton Street | Suite 318 | Allentown, PA 18104

Team Name _____

First Name _____ **Last Name** _____

Male ____ **Female**____ **Date of Birth** _____/_____/_____

Phone _____ **Email:**_____

Address_____

City/State/Zip_____

T-shirt Size (circle one) **Youth S Youth M Youth L S „ M „ L „ XL XXL „**

(Participants receive a t-shirt once they fundraise/donate $100 or more.)

Amount Enclosed $_____

May 13th Emergency Contact Name: _____ **Phone:** _____

Employer: _____ **Occupation:** _____

Does your employer have a matching gifts program? (circle one) **Yes No**

Are you participating in LUNG FORCE because of a personal connection to lung disease, tobacco use or air quality? (circle one) **Yes No**

If yes, would you be willing to share your story? (circle one) **Yes No**

Would you like to join the American Lung Action Network? Yes No

Please read our event waiver, available online or at the Registration and Check-In area.

Signature _____
(Must be signed by a parent or legal guardian if participant is under 18)

Date _____/_____/_____

Funds sent in response to this solicitation will be used to further the Association's mission: to save lives by improving lung health and preventing lung disease. Contributions to the Association are tax-deductible under section 509(a)1 of the Internal Revenue Code.

Questions? Contact us at 610-243-5060 ext 240 or email us at lvrunwalk@lunginfo.org

LUNGFORCE.org/walk