

6000 SISTERS, 6000 STEPS FOR HOPE

BREAST CANCER WALK & HEALTH EXPO

REGISTRATION FORM



Yes! I will walk 6000 Sisters, 6000 Steps on September 26, 2026. (Please print clearly)

Name: _____
 Address: _____
 City: _____ State: _____
 Zip: _____ Phone: _____
 Email: _____
 Age on Race Day: _____

Adult **Student (Age 12-18)**

Team Name (if applicable): _____
 Team Captain (if applicable): _____
 Company/Organization: _____

(Team Captains – To ensure accurate credit to your team’s total, we encourage you to fill in the Team Captain lines on all Registration and Fundraising Forms before you distribute them to your Walkers.)

T-Shirt Size (Circle the appropriate size.):

S M L XL XXL XXXL

I wish to participate in the Walk as...

Team Captain Team Member Individual Walker

I am a Breast Cancer Survivor

I cannot participate as a Walker but I have enclosed my donation in the amount of \$ _____

ADULT
\$35 Each

STUDENT
\$25 Each

Payment Amount Payment Method (Make checks payable to Sisters Network Dallas)
 \$ _____ Cash Check – check # _____

Waiver of Release and Liability I hereby waive all claims against Sisters Network Inc., Sisters Network Dallas Inc., Friendship West Baptist Church, sponsors or any personnel for any injury or damages that 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 promotions of this event.

Signature: _____ Date: _____ Parent or Guardian: _____

Mail completed form & payment to Sisters Network Dallas Inc., PO Box 380354, Duncanville, TX 75138-0354

****Forms must be received by September 1st to receive a Walk T-shirt – No exceptions! ****

(Please do not mail cash)

Sisters Network **DALLAS** Inc. – An Affiliate Chapter of Sisters Network® Inc.