



FLM HAITI
 FUNCTIONAL LITERACY MINISTRY OF HAITI
 EDUCATIONAL & MEDICAL MISSION

"TO HAITI WITH LOVE – 5K WALK"

REGISTRATION FORM

(Please Print)

Name: _____ Date: _____

Address: _____ Phone number: _____

_____ Cell Phone: _____

_____ Best time to call: _____

Date of Birth: _____

Guardian (if under 18): _____

Phone Number: _____

Relationship to Walker: _____

\$25 registration per person, due on or before the day of the walk. We can accept cash, check or Credit Card. Write check to FLM- Haiti and please put Walk for Haiti in the memo section.

Emergency Contact: _____ Relationship: _____

Address: _____

Phone Number: _____

Do you have any health problems that may cause you difficulties during the walk? _____ If yes, please explain:

Are you walking as a part of a Team? If so, what is the name of the Team/Organization?

Would you be interested in participating in future FLM Haiti events? _____

May we keep you informed of all the FLM Haiti activities? _____

Your email address: _____

Walker Signature

Guardian Signature (if Walker is under 18)