



BREAST CANCER
AWARENESS
5K WALK

Volunteer Registration Form

I would like to **Volunteer**:

_____ To set up tables and chairs on the day of the walk

_____ To assist with onsite registration

_____ To assist with coffee and snack set up

_____ Other: _____

- Volunteers may contact call (219) 880-1190 and ask for **CHN Contact for Breast Cancer Walk**
- **Volunteers are asked to be on-site by 8 AM on Saturday, September 25, 2021 at Marquette Park Beach, Main (Large) Parking Area.**

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email: _____

Social Media (Facebook, Twitter, YouTube, etc.): _____

Please make all donations payable to:

Community HealthNet Health Centers
1021 W 5th Ave
Gary, Indiana 46402

Community HealthNet are 501c (3) and donations are tax-deductible. Please consult with your Tax Advisor.