

**PARTICIPANT SPONSOR FORM**  
**3<sup>rd</sup> Annual Walk/ Fun Run To Prevent Childhood Obesity**  
**May 7, 2011**

Name of Participant: _____
Address: _____
Phone: _____

Make checks payable to: Southern Tier Foundation for Health Care  
**Registration and T - shirts are free with at least \$30 in pledges.**



**SOUTHERN TIER**  
**SURGICAL CLINIC**

Name	Address	Contribution
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