



## Registration Form and Sponsor Pledge Sheet

Registration Fees: \$25 adult, \$15 youth

I hereby release Atlanta Victim Assistance, Inc. from any/all liability for accidents or injuries which might occur during my participation in the Mother's Walk for Peace. I understand that all pledges are collected in the name Atlanta Victim Assistance, Inc. and to be sent to: 150 Garnett St, 3rd Floor, Atlanta, GA 30303

Team Name/In honor of: \_\_\_\_\_ Team Captain \_\_\_\_\_

Team Captain \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent or Guardian's Signature if under 18 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

	Team Members	Team Members	Donation Amt.	Collected
1.	<i>Example: John Walker</i>	<i>123 Fitness Lane/ Atl, GA 12345 johnwalker@email.com</i>	<i>\$10.00</i>	<i>Yes</i>
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____

**TOTAL (Thank you for your generous donations!)** \_\_\_\_\_

Please make checks payable to Atlanta Victim Assistance, Inc.  
 For more information, please visit our website at [www.atlantava.org](http://www.atlantava.org)  
 or contact us by email at [atlantavictimassistance@gmail.com](mailto:atlantavictimassistance@gmail.com) or call 404.588.4740 or 404.588.4752