

Walker's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Team: \_\_\_\_\_ Individual: \_\_\_\_\_  
 T-shirt Size:    Small            Medium            Large            X-Large            XX-Large

My goal is \$ \_\_\_\_\_

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 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 \$25    \$50    \$75    \$100    Other \$ \_\_\_\_\_  
 \_\_\_ Bill Me \_\_\_ Paid \_\_\_ Cash \_\_\_ Check \_\_\_ Online

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I am participating in the **Walk For Life Saturday, October 25, 2025**. All proceeds will go directly to Pro-Life Mississippi to help educate people about Life issues. Please record the amount that you are contributing. Make checks payable to Pro-Life Mississippi. All contributions are tax deductible. Thank You!

**RELEASE FORM:** Upon acceptance of this entry form, I waive all claims for myself and my heirs against the race officials and sponsors of the Walk For Life for injury or illness from direct or indirect participation.

I also grant permission to use any photographs or other promotional record of this event for any legitimate reason.

\_\_\_\_\_  
 Walker Signature

\_\_\_\_\_  
 Parent signature of minor walker REQUIRED