# EVENT REGISTRATION FORM

## Participant Information

Name: _____
Organization / Church / Business: _____
Phone: _____
Email: _____
Address: _____
Age: _____

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## T-Shirt Size

☐ Small ☐ Medium ☐ Large ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL

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## Registration Category

Select all that apply:

☐ **Individual Walker** ☐ **Vendor** ☐ **Sponsorship** ☐ **Volunteer**

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## Sponsorship Level

(Select one)
**Pink Sponsor — $1,000** Honoring survivors with top-level support.

**Gold Sponsor — $500** Strengthening breast cancer awareness efforts.

**Silver Sponsor — $200** Helping fund education and encouragement for families.

**Royal Blue Sponsor — $100** Showing solidarity with survivors and supporters.

**Open Heart Sponsor — Any Amount** Every gift makes a difference.

**Open Heart Contribution Amount:** $ _____

## Payment Method

☐ Check (Payable to *New Zion Temple COGIC* — Memo: *Breast Cancer Awareness*) ☐ Cash
☐ Online Payment (Please visit the website)

## Cancer Nomination

**Nominee Name: _____**

**Why should this individual receive this award?**

## Nominee Contact Information

First Name: _____
Last Name: _____
Address: _____
Email: _____
Phone Number: _____