



THE CENTER Seventeenth Annual Walk for Life

LIFE PRESENTATION SPONSORS

Our Lady Queen of Peace Catholic Church • Richard A. Urbanek, Jr., DDS, MS, PA
Sacred Heart Catholic Church • The Taxidermists' Woodshop
R J Wachsman Homes • Chris Milner Paint and Body, Vernon

CHAMPION OF LIFE SPONSORS

First Baptist Church, Wichita Falls • Carol Castro Ceramics

LIFE SUPPORTER SPONSORS

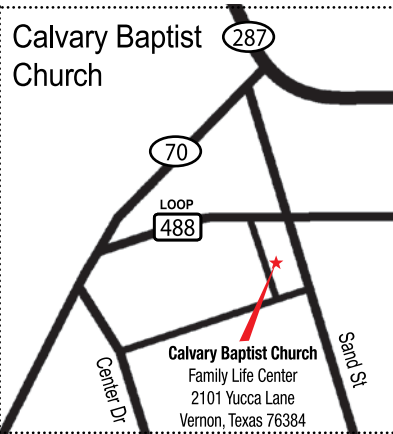
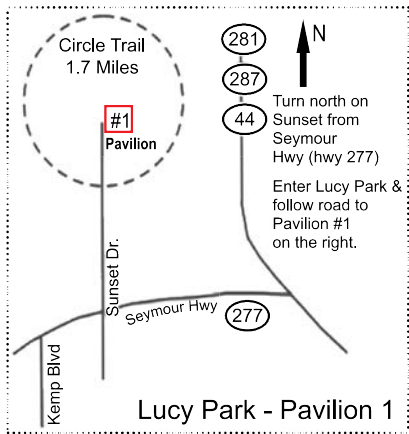
Danny Brezgle Countertops, Ltd. • Vinny Lewis' Business Solutions
First National Bank of Wichita Falls • Edward Jones Investments - Hank Bullinger
Malibu Homes, Decatur • Coble-Burdette Mechanical, Inc., Vernon

CELEBRATE LIFE SPONSORS

Gabriel Project • Knights of Columbus: 10998 & Assembly: 1108
Royal Tire & Brake • T. Kevin Thomas, M.D., FACS • Alliance Power Company
Franklin Pharmacy • Evangel Temple • Western Hills Baptist Church
Faith Baptist Church, Wichita Falls • First Baptist Church, Archer City
Calvary Baptist Church, Vernon • Tra and Molly Cardwell, Vernon



Lucy Park - Pavilion 1
Entrance-5th and Sunset
Wichita Falls, TX 76301



Calvary Baptist Church
Family Life Center
2101 Yucca Lane
Vernon, Texas 76384



Thank You For Making a Difference for Life for Texoma Families

We appreciate the businesses & individuals who generously support the 2017 Walk for Life and make this day a wonderful "Celebration of Life"!

We are grateful to the Corporate Sponsors, T-Shirt Sponsors, and all the businesses that donate prizes and gifts.

You are such a blessing to The Center & its ministry to families in our community.

Thank you Again for Blessing Our Ministry!

The Center

4011 Seymour Hwy.
Wichita Falls, TX 76309
940.322.4883

2300 Pease Street
Vernon, Texas 76384
940.357.0220

WALK FOR LIFE Walk the Talk 1 Peter 4:10



Saturday, May 13

Welcome/Walk 10:00 am

- Door Prizes • Face Painting • Balloons • Bounce House

Registration & Free Breakfast Begin at 9:00 AM

Wichita Falls • Lucy Park - Pavilion 1

Vernon • Calvary Baptist Family Life Center

Join us for a Fun Morning of Free Family Activities!

For more information visit the Walk for Life web site:
www.walkforlifethecenterwf.org

Walk The Talk

PRE-REGISTRATION begins Monday, March 27, 2017

at The Center in Wichita Falls, 4011 Seymour Hwy.

Come by the Center and pick up your T-shirt and walk information.

ONE T-shirt for each registered walker, while supply lasts

You will be able to pre-register as one of the following:

1. **Team Captain** (more information below) **\$25 registration**
2. **Sponsored WALKER** (collects donations) **\$25 registration**
3. **WALKER only** (no donations) **\$25 registration**

Become a **TEAM CAPTAIN** and recruit a team of walkers from your family, church, neighborhood, small business, or community organization. Your team's involvement will greatly increase the success of the 2017 WALK for LIFE and will create greater awareness for the ministry of The Center.

IMPORTANT for those collecting sponsorship donations. Completed forms must be delivered to The Center, as follows:

- **BEFORE** Walk Day: by noon, Friday, May 12
- **ON WALK DAY:** immediately after the Walk, Saturday, May 13** until 1:00 pm
- **AFTER** Walk Day: during The Center's normal operating hours

Donations can continue to be collected after the Walk, but must be received by May 23rd for prize eligibility

****Bring Donations to The Center Immediately After Walk on Saturday, May 13****

****Due to City regulations we cannot take donations on City property on Walk Day****
(Without incurring a 10% charge)

Registration

We will walk rain or shine. If you can't join us the day of the event, walk or run on your own in your favorite park or in your neighborhood. Simply put the Sponsor Form and any donations you have collected in the mail to: The Center, PO Box 2364, Wichita Falls, TX 76307, or drop collected donations off at the Center. **Please join us as we put our feet into action on Saturday, May 13th! See you at the Walk!**

Walker's Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email Address: _____

My Sponsorship Goal \$ _____ Amount collected \$ _____

(The amount collected should equal the total donations listed in the boxes below)

TEAM NAME (if applicable) _____

Team Captain's Name _____

I am a **Sponsored WALKER** (collects donations) **\$25 registration** Check Cash

I am a **WALKER only** (no donations) **\$25 registration** Check Cash

Adult: Small Medium Large X-Large 2X-Large 3X-Large

Your Sponsorship Will Save Lives

The dollars from this year's event will be used to support FREE life saving programs that impact thousands of individuals within our community.

These Free services include:

- Pregnancy Tests & Verification
- Confidential Consultations
- Life Affirming Sonograms
- Prenatal & Biblical Parenting Classes
- "Forgiven & Set Free" Support Programs
- Dad's Boot Camp
- Baby Incentive Gifts

Sponsor Sheet

Sponsor Donation	Sponsor Donation
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Paid: <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> other \$ _____ <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid Check <input type="checkbox"/> Paid Cash	Paid: <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> other \$ _____ <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid Check <input type="checkbox"/> Paid Cash
Sponsor Donation	Sponsor Donation
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Paid: <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> other \$ _____ <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid Check <input type="checkbox"/> Paid Cash	Paid: <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> other \$ _____ <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid Check <input type="checkbox"/> Paid Cash
Sponsor Donation	Sponsor Donation
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Paid: <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> other \$ _____ <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid Check <input type="checkbox"/> Paid Cash	Paid: <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> other \$ _____ <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid Check <input type="checkbox"/> Paid Cash
Sponsor Donation	Sponsor Donation
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Paid: <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> other \$ _____ <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid Check <input type="checkbox"/> Paid Cash	Paid: <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> other \$ _____ <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid Check <input type="checkbox"/> Paid Cash

I and/or my dependents participate in the Walk for Life and/or its activities at our own risk. We do not hold the PHC liable for any injuries or damages arising therefrom. We also give PHC permission to use photographs taken at the event for future promotional purposes.

FOR OFFICE USE ONLY

Cash _____

Checks _____

Bill Me _____

TOTAL _____

Entered by _____

Date _____