

Walk for Wellness Registration

First Name: _____ Last Name: _____

For Students:

Residence Hall: _____ Room #: _____ Extension: _____

Classification: _____ Major: _____

Age: _____ Lincoln Email Address: _____

Secondary Email Address: _____

Cell Phone Number: _____

What is your reason for participating in the challenge? _____

Non-Student Participants:

Address: _____

City: _____ State: _____ Zip Code: _____

Department / Company's Name: _____

Title: _____ Telephone #: _____

Email Address: _____

What is your reason for participating in the challenge? _____

Walk Participation: (Circle One)

Walker (Donation \$5.00)

Volunteer

Fundraising Goal: _____

Team Name: _____