Walk A Mile In Her Shoes
A men’s march to end rape, sexual assault and gender violence
REGISTRATION FORM
Saturday, August 12, 2017

All proceeds from the march will help local victims/survivors of sexual and domestic violence served by Sexual Assault Services, Inc. and the Women's Center of Mid-Minnesota.

Name: ___________________________________________ Team: __________________________
Address: ____________________________________________________________________________
City: ____________________ State: ____ ZIP: __________
E-mail: ____________________________________________________________
Phone: ____________________________________________________________________________

Male walkers: I will walk in high-heeled shoes: Yes ________ No _______
If you DO NOT have your own shoes, what is your shoe size? __________

☐ _______ here if you are interested in helping with the event next year.

(If you don’t write legibly you will have to walk two miles) Registration fee is a suggested minimum of $25.00. Many walkers collect much more. Mail this form with your fee to;

Walk A Mile In Her Shoes, PO Box 602, Brainerd, MN 56401. You may bring other contributions you have received the day of the event. *Men should walk in high-heeled shoes but may decorate another type of shoe if physically unable to walk in high-heels. Women and children are welcome and encouraged to join the men and may wear any type of shoe.*

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I do hereby pledge to walk one mile for Walk A Mile In Her Shoes. By signing this form I hereby release Sexual Assault Services, Inc. and the Mid-Minnesota Women's Center, Inc., any Walk A Mile In Her Shoes personnel, the City of Baxter, and other official sponsors from all claims or liabilities of any kind resulting from, arising out of, or incident to my participation in this event. I grant full permission for the organizers to use photographs of me in legitimate accounts and promotions of this event without compensation. A parent or guardian must accompany all walkers under 18 years of age. Each member of a team needs to fill out and sign their own registration form.

Participant or Guardian Signature _______________________________________________________