



# REGISTRATION FORM

Mail form with payment to:

**American Foundation for Children with AIDS**  
6221 Blue Grass Avenue  
Harrisburg, PA 17112

## Participant Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Team Name (If applicable) \_\_\_\_\_

Activity  Climb  Run  Hike  Cycle Location \_\_\_\_\_

Event  Climb the 50  Climb the World

Local newspaper \_\_\_\_\_ Participation date \_\_\_\_\_

## Participant Goals

### Individual goals:

\$90 - provides a child with 3 months of life saving medicine

\$180 - provides a child with 6 months of life saving medicine

\$360 - provides a child with 12 months of life saving medicine

### Team goal:

\$5000 - will provide food for 400 orphan families for one month

## Payment Information - Registration form received without payment won't be processed

Make checks payable to AFCA

VISA  MasterCard  American Express

Cardholder's Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Verification Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

**Registration fee: \$25**

Additional \$10 to receive t-shirt.

Indicate size preferred: S M L XL

Registration fees are non-refundable. A returned check fee of \$30 will be assessed for all returned checks.

Registration or event questions, contact Gail Foster at 717.798.8335 or [climb@helpchildrenwithaids.org](mailto:climb@helpchildrenwithaids.org)

**Mail registration form and payment to:** AFCA, 6221 Blue Grass Avenue, Harrisburg, PA 17112

**Fax registration form to:** 717.489.0214

**Register online** at [www.ClimbUpSoKidsCanGrowUp.com](http://www.ClimbUpSoKidsCanGrowUp.com)