EVERHART
PRIMARY HEALTH CARE

Registration Entry Form

EPHC FUNds Day! - October 25, 2014
At Everhart PHC - 1236 Bear Trail, Cana VA 24317
9 a.m. – Registration & Activities
10 a.m. – 5k Walk/Fun Run – *Non-timed event*
Rain or shine! – No pets please!

Please fill out form completely and sign the waiver on the back of this page.

Last Name |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

First Name |___|___|___|___|___|___|___|___|___|___|___|___|___|

Address |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Apt. No. |___|___|___|___|___|

City |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| State |___|___|

Zip |___|___|___|___|___|-|___|___|___|___|

Day Phone |___|___|___|-|___|___|___|-|___|___|___|___|

E-mail
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Gender |__| M |__| F

Age (circle one only):	*17 & under	18-24	25-29	30-34
	40-44	45-49	50-54	55-60+

***Note: If under 18 years of age, signature of parent or legal guardian is required on waiver.**

Emergency Contact Information:

Name:________________________________Relationship:__________________

Phone:___________________________

Office Use Only: ____ Waiver ___ * Under 18 signature ____ Pledges/Donations Received: $__________

Questions: Please contact EPHC at 276-755-2203 or visit www.everhartphc.com