Peddle Past Poverty REGISTRATION FORM

Participant Information

Name:_____ If Student, School:_____
Address:_____City:_____State:_____Zip_____
Phone (_____) _____ Email _____ Shirt Size: YXS YS YM YL S M L XL XXL
Spouse or Parent's Name in case of emergency:_____ Phone_____

Would you like to receive our e-newsletter? ☐ Yes ☐ No
☐ I want to pay the $20.00 entry fee. (Include with returned registration form).

☐ I have chosen to gather sponsorship pledges totaling more than $20.00 to cover my entrance fee. Please bring donations to event check-in table on the day of the event. Check in table open from 8:00AM-9:15AM.

_____

Peddle Past Poverty SPONSOR FORM

Name	Address	Phone Number	Amount	Tick if Paid

Total Raised _____

Please send registration forms no later than June 1st. Send Forms to:

Catholic Charities of Idaho
Attn: Julie Marcum-Hart
1501 South Federal Way
Boise, Idaho 83705
208-863-5815