

REGISTRATION FORM 2009



NAME _____

ADDRESS _____

EMAIL ADDRESS _____

PHONE NUMBER _____

Hike desired: *Please check the days you will participate and if you want to camp overnight.*

Level 1: Pennsylvania ***Most Strenuous*** Day 1 Day 2 Day 3 Overnight

Level 2: Maryland ***Strenuous*** Day 1 Day 2 Day 3 Overnight

Please note: the Pennsylvania and Maryland **Level 1&2** hikes are limited to **10** overnight hikers per group. Availability on those hikes is on a first come, first serve basis. If you are day hiking please indicate which day and hike you will be contacted with starting drop off and ending pickup locations.

Check here if you are available to volunteer: _____.

We need volunteers to transport gear, provide food and water, meet hikers at road crossings, etc. An organizer will contact you, and ***thank you!***

The hiker and any of their agents and representatives agree to hold **Hike for the Tatas, Komen Maryland** and any of its organizers, volunteers, and fellow hikers harmless for any injury or loss suffered during or in connection with **The Hike for the Tatas** whether or not such injury or loss resulted directly or indirectly from negligent acts or omissions of said organizers, volunteers or hikers of **The Hike for the Tatas**.

Signature:

Please fill out, sign and return registration form to:

HFTT, 3926 Cherry Lane, Jefferson, MD 21755.

Phone Contact: 301-788-0833

RSVP by September 1, 2009