

*Lubbock Rape Crisis Center*  
Always Here, Always Hope

**WALK A MILE IN HER SHOES  
TEAM REGISTRATION FORM**

When: Saturday, April 17, 2010  
Registration Opens: 9:30 a.m.  
Opening Ceremony: 10:30 a.m.  
Walk Begins: 10:45 a.m.  
Where: Lubbock County Courthouse  
904 Broadway

**Men's March to Stop Rape**

C/O Lubbock Rape Crisis Center  
P.O. Box 2000  
Lubbock, Texas 79457  
**Contact:** Lubbock Rape Crisis Center  
Phone: 806.763.3232  
Fax: 806.763.1801  
E-Mail: [Kim@lubbockrapecrisis.org](mailto:Kim@lubbockrapecrisis.org)

**STEP 1: Team Captain/Members** (Please print clearly)  
**Registration Fee: \$20.00 per member**

Team Captain Name: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Team Members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



WALK A MILE  
In Her Shoes

Men's march to stop rape, sexual assault & violence

**Lubbock Rape Crisis Center**

**STEP 2: SHOES**

Please indicate the shoe sizes you will need (no half sizes available). Sizes 8-17 available on first come/first serve basis. Marchers may provide their own shoes.

**SIZES:**

**QTY:**

**SHOES ARE ON LOAN AND WILL NEED TO BE RETURNED AFTER THE MARCH.**

**STEP 3: T-SHIRTS**

Teams that register by March 26, 2010 will receive a complimentary T-Shirt for each member

Please circle the shirt size:

SIZES: **ADULT** SM MED LG XL XXL  
QTY

**STEP 4: Walk a Mile Waiver**

In consideration of my entry in the LRCC Walk a Mile in Her Shoes Men's March to Stop Rape, I for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages or injury I have or may incur against the organizers of this event, its principals, its employees, all sponsors and their representatives and all claims of damages, demands, actions whatsoever in this manner, as a result of my participation in the Men's March to Stop Rape event, including travel to and from this event. I attest and verify that I am physically fit and have sufficiently trained for completion of this event and have not been advised otherwise by a qualified medical person. Further, I hereby grant permission to any and all foregoing to use my name and likeness in any broadcast, telecast, video or print media of the event with out compensation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All entries must be signed by the entrant or guardian (if under 18) must sign

