



## CHAPTER WALK-A-THON COORDINATOR CONFIRMATION

### Annual Walk-A-Thon

DATE OF WALK-A-THON  /      /	CHAPTER	
AREA <input type="checkbox"/> CENTRAL <input type="checkbox"/> SOUTHERN <input type="checkbox"/> EASTERN <input type="checkbox"/> WESTERN	CHAPTER PRESIDENT:  DAYTIME TELEPHONE:  EVENING TELEPHONE:	
NAME OF COORDINATOR:		
COORDINATOR ADDRESS/CITY/STATE/ZIP:		
COORDINATOR DAYTIME PHONE:		
COORDINATOR EVENING PHONE:		
BEST TIME TO CALL COORDINATOR IF ADDITIONAL INFORMATION IS REQUIRED: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM [EASTERN STANDARD TIME]    CALL: <input type="checkbox"/> DAY PHONE <input type="checkbox"/> EVENING PHONE		
HONORARY CHAIRS	TITLE	AFFILIATION
IF YOU ARE WALKING WITH OTHER CHAPTERS OR ORGANIZATIONS, PLEASE LIST:		
NAME OF WALK SITE:		
ADDRESS OF WALK SITE:		

NOTE: All forms must be received by national headquarters three weeks before the activity.

*Email this form to:  
The Links Foundation, Incorporated at (202) 289-1880 or to [heartlinks@linksinc.org](mailto:heartlinks@linksinc.org)*