

# Step It Up Registration Form

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Please Circle Answer

How often do you walk:      1-5/month      1-3/week      Everyday      Never

Are you signing up for the Apple Butter 5k?      Yes      No

\$10/person:      cash    or    check

Checks payable to Dunlap Community Hospital

**Registration forms can be picked up or  
dropped off at:  
Dunlap West  
365 S. Crown Hill Rd, Orrville  
330-684-4732**

