

HIKE IN HIGHLAND

REGISTRATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

TRAILS: CIRCLE ONE OR MORE TRAILS TO WALK

NATURE TRAIL
1 MILE

SHORT CUT TRAIL
3 MILES

CROSSOVER TRAIL
4.2 MILES

Sponsor's Name	Address	City, State ZIP	Pledge Amount