

Annual WALK-A-THON

The Life Enrichment Center is Stepping Out for Seniors

Join us to **Walk for a Cause** and raise vital funds for seniors.

- Our **Virtual Walk** spans a two week window, giving you plenty of flexibility to **choose the time and place** to fit your schedule.
- Join us for an **optional walk and “Kick Off” event** at the Center on June 1st at 10:30, am followed by lunch at noon. Door Prize Drawing. **Call in advance to reserve your lunch!**
- Registration is **\$30** (\$10 Students)
Registration includes a canvas Life Enrichment Center tote bag.

JUNE 1-15

- ◆ **Fundraise:** Go ‘the extra mile’ and encourage friends to pledge their support for your efforts. Share our event page (www.LifeEnrichmentCenterOysterBay.org/walkathon) and do online fundraising! Contact the Center with any questions.
- ◆ **Walk alone or form a team:** Walk in your own neighborhood, explore nearby hikes, or choose your own path. If you would like to take part in a walking group for this event, contact the Center to sign up for one of our small group walks. You can also join us at the Center for a walk and **“Kick Off” event** on June 1st at 10:30 am followed by lunch at noon. **Call in advance to reserve your free lunch!**
- ◆ **Set a Goal:** Set personal goals of steps or miles walked, or number of places visited.
- ◆ **Sponsorship Opportunities available:** Become a sponsor! Call the Center for info, or go to: www.LifeEnrichmentCenterOysterBay.org/walkathon
- ◆ **Share your experience:** Take pictures during your walk(s) and post them on social media, or email them to AnnGlynn@Lecob.org and we will share them for you.

Please make checks payable to **Life Enrichment Center**. Return completed Registration form with payment to:

The Life Enrichment Center • 45 E. Main Street • Oyster Bay, NY • 11771

516-922-1770 • www.LECOB.org

----- Cut here----- Please return Registration form with payments to Life Enrichment Center -----Cut here-----

Name _____ Amount Enclosed: \$ _____

Address _____ **I cannot participate, enclosed is my donation \$ _____**

_____ Mastercard ___ Visa ___ Exp. Date _____ CVC _____

Tel: _____ Email: _____ Acct. # _____

Waiver: I hereby waive all claims against The Life Enrichment Center for any injury I might suffer related to the activities of this event. I attest that I am physically fit and prepared for this event. I grant full permission for the organizers to use photographs and quotations from me in legitimate accounts and promotions of this event.