



2018 UAB Liver Walk

August 25, 2018

Brookwood Village Mall

REGISTRATION

Name: _____

Last Name: _____

Age: _____

Email: _____

Address: _____

City, State _____ Zip: _____

Phone#: _____

____ Yes, I would like to receive email communications from the UAB Liver Center.

CREATE A TEAM:

Team Name: _____

JOIN A TEAM:

Team Name: _____

- Walker - Registration Fee is \$10.00 _____
- Virtual Walker – We will miss you at the 2018 Liver Walk, but are excited you still want to support the UAB Liver Center.

Donation:

\$25.00 _____

\$50.00 _____

\$75.00 _____

\$100.00 _____

\$250.00 _____

Donation Amount: _____