



KILIMANJARO SUMMIT 2010 Registration Form

Mail form with payment to:

American Foundation for Children with AIDS

6221 Blue Grass Avenue

Harrisburg, PA 17112

Instructions

There is a \$250 non-refundable registration fee per person to reserve your spot on the team. Please enclose your check with this registration, made out to AFCA or pay with a credit card at the Climb website: www.ClimbUpSoKidsCanGrowUp.com.

General Information

First Name _____ Last Name _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Email _____

Telephone _____ Alternate Telephone _____

Traveling with someone? _____

Payment Information - Registration form received without payment won't be processed

Make checks payable to AFCA

VISA MasterCard American Express

Cardholder's Name _____

Card Number _____

Expiration Date _____ Verification Code _____

Billing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Registration fee: \$250
Registration fees are non-refundable. A returned check fee of \$30 will be assessed for all returned checks.

Registration questions? Contact Tanya Weaver at 717.489.0206 or info@helpchildrenwithaids.org

Mail registration form and payment to: AFCA, 6221 Blue Grass Avenue, Harrisburg, PA 17112

Fax registration form to: 717.489.0214

Register online at www.ClimbUpSoKidsCanGrowUp.com