

PACE Event Application



CAMP DEL CORAZON
Making a difference in the lives of children with heart disease.

Event Title: _____ Event Date(s): _____

Name: _____

Leadership Name: _____

Male Female Date of Birth: _____ My T-Shirt Size: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Home Phone: _____ Alternate Phone: _____

Are you 18 years of age or older? Yes No

This will be my _____ year involved in the PACE program.

Why are you interested in participating in this event?

What are your personal goals for this event?

By my signature, I certify that the information contained in this application is complete and accurate to the best of my knowledge.

Signature: _____ Date: _____