



Lambeau Credit Union's Moonlight Miles for Diabetes Glow Walk 2025

Group Registration Form

DEADLINE: OCTOBER 31ST 2025

YOUR PARTICIPATION

One person from the team should fill out the registration form. Group packages are \$750.00 (\$150 per person).

Registration Covers:

- Tshirt
- Running Bib
- Drawstring bag
- Glow accessories
 - Glow sticks
 - LED wristband
 - LED Glasses
- Access to hydration stations
- and our signature participatory medal



GENERAL INFORMATION

1. **Participant 1#** Full Name: _____

Date of Birth: _____ Age: _____ Gender: Female: _____ Male: _____

Email Address: _____

Phone Number: _____ T-Shirt Size: _____

Mailing Address: _____

Signature: _____ Date: _____

(If participant is under 18 years fill in below)

Name of Parent/Guardian: _____

Signature: _____ Date: _____

Are you a Member of the Lambeau Credit Union? (Yes/No)

Are you Diabetic / Walking in support of someone with Diabetes? (Yes/No)

Emergency Contact: _____

Emergency Contact Phone Number: _____

Additional Comments or Special Needs (medical ailments)

2. **Participant 2#** Full Name: _____

Date of Birth: _____ Age: _____ Gender: Female: _____ Male: _____

Email Address: _____

Phone Number: _____ T-Shirt Size: _____

Mailing Address: _____

Signature: _____ Date: _____

(If participant is under 18 years fill in below)

Name of Parent/Guardian: _____

Signature: _____ Date: _____

Are you a Member of the Lambeau Credit Union? (Yes/No)

Are you Diabetic / Walking in support of someone with Diabetes? (Yes/No)

Emergency Contact: _____

Emergency Contact Phone Number: _____

Additional Comments or Special Needs (medical ailments)

3. Participant 3# Full Name: _____

Date of Birth: _____ Age: _____ Gender: Female: _____ Male: _____

Email Address: _____

Phone Number: _____ T-Shirt Size: _____

Mailing Address: _____

Signature: _____ Date: _____

(If participant is under 18 years fill in below)

Name of Parent/Guardian: _____

Signature: _____ Date: _____

Are you a Member of the Lambeau Credit Union? (Yes/No)

Are you Diabetic / Walking in support of someone with Diabetes? (Yes/No)

Emergency Contact: _____

Emergency Contact Phone Number: _____

Additional Comments or Special Needs (medical ailments)

4. Participant 4# Full Name: _____

Date of Birth: _____ Age: _____ Gender: Female: _____ Male: _____

Email Address: _____

Phone Number: _____ T-Shirt Size: _____

Mailing Address: _____

Signature: _____ Date: _____

(If participant is under 18 years fill in below)

Name of Parent/Guardian: _____

Signature: _____ Date: _____

Are you a Member of the Lambeau Credit Union? (Yes/No)

Are you Diabetic / Walking in support of someone with Diabetes? (Yes/No)

Emergency Contact: _____

Emergency Contact Phone Number: _____

Additional Comments or Special Needs (medical ailments)

5. **Participant 5#** Full Name: _____

Date of Birth: _____ Age: _____ Gender: Female: _____ Male: _____

Email Address: _____

Phone Number: _____ T-Shirt Size: _____

Mailing Address: _____

Signature: _____ Date: _____

(If participant is under 18 years fill in below)

Name of Parent/Guardian: _____

Signature: _____ Date: _____

Are you a Member of the Lambeau Credit Union? (Yes/No)

Are you Diabetic / Walking in support of someone with Diabetes? (Yes/No)

Emergency Contact: _____

Emergency Contact Phone Number: _____

Additional Comments or Special Needs (medical ailments)

PAYMENT METHOD

- **Online via Trinbago Events:** <https://trinbagoevents.com/event/moonlight-miles-2025>
- Cash/Card via both our Lambeau and Carnbee branches of the Lambeau Credit Union
- Bank transfers (*proof of payment must be emailed to memberservice@lambeaucu.com or submitted with physical registration forms*).

Bank Details:
In transfer details, please input 'LCU GW' and the registrant's name as seen in the example below:

Example: "LCU GW - John Lambeau"

First Citizens Bank:	Scotia Bank:
Account Name: Lambeau Credit Union	Account Name: Lambeau Credit Union
Account Number: 53320	Account Number: 12005-1202126

TERMS & CONDITIONS

By registering, we confirm that we are physically fit to participate in the Moonlight Miles for Diabetes: Glow Walk 2025 and understand that walking involves some risk of injury or illness. We agree that we are responsible for our own safety and release Lambeau Credit Union, its sponsors, partners, volunteers, and staff from any liability for injury, illness, loss, or damage arising from participation.

We consent to receive reasonable medical treatment in the event of an emergency and accept any related costs. We also grant permission for photos and videos taken during the event to be used for promotional purposes. We understand that participants under 18 must have parental or guardian consent and must be accompanied by an adult; otherwise, they will not be permitted to participate.

We agree to the Terms & Conditions stated above.

Participant's Signature: _____	Date: _____
Participant's Signature: _____	Date: _____
Participant's Signature: _____	Date: _____
Participant's Signature: _____	Date: _____
Participant's Signature: _____	Date: _____