



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

### Registration Form

**DEADLINE: OCTOBER 31<sup>ST</sup> 2025**

#### YOUR PARTICIPATION

Registration packages for individuals are priced at \$180.00.

#### REGISTRATION COVERS:

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



#### GENERAL INFORMATION

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Female: \_\_\_\_\_ Male: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

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](mailto: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:

For example: "LCU GW - John Lambeau"

##### First Citizens Bank:

Account Name: Lambeau Credit Union  
Account Number: 53320

##### Scotia Bank:

Account Name: Lambeau Credit Union  
Account Number: 12005-1202126

**TERMS & CONDITIONS**

By registering, I confirm that I am physically fit to participate in the Moonlight Miles for Diabetes: Glow Walk 2025 and understand that walking involves some risk of injury or illness. I agree that I am responsible for my 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.

I consent to receive reasonable medical treatment in the event of an emergency and accept any related costs. I also grant permission for photos and videos taken during the event to be used for promotional purposes. I 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.

I agree to the Terms & Conditions stated above.

**Registrant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(If registrant is under 18 years of age fill in below)*

Parent/Guardian’s Name: \_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_