



14th Annual Wiregrass Area Buddy Walk

Buddy Information Sheet

Buddy Name: _____

Age: _____

School or Job: _____

Favorite Sport/Activity: _____

How many Buddy Walks have you attended (**not including this year**): _____

Parent(s)/Guardians Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Mailing Address (if different)

Address: _____ City: _____ St: _____ Zip: _____

Phone #: _____

Email: _____