



Resource Vendor Registration Form

Company/Organization Name Service/Goods Type

Contact Name

Title

Email (required)

Address

City

State

Zip

Company/Organization Website

Option #1: We would like to form a team at the 1 Step at a Time Charity Walk!

Team Name: _____

Team Captain Name: _____ Phone: _____

Non-profit required minimum raised: \$100 by May 14th

For-profit required minimum raised: \$ 200 by May 14th

Option #2: Resource Vendor registration fees

Non-Profit

\$150

\$

For-Profit

\$250

\$

Total Payment:

\$

Payment:

Check

Check# _____

Please make check payable to Trusted Parents, Inc. P.O. Box 480688, Charlotte NC, 28269

Credit Card

Visa

MasterCard

Discover

American Express

Credit Card # _____ CID# _____ Exp. Date _____ / _____

Name on Card _____

Signature: _____

All registration and items to be sold ARE SUBJECT TO APPROVAL
Please send completed registration form to the attention of Trusted Parents at
704-919-3416 (Fax) or (Email) corporaterelations@trustedparents.org

If you do not receive confirmation/approval within 10 business days, please email Nikia Bye at nikiabye@trustedparents.org or Eddie Hubert at eddie.hubert@trustedparents.org

Trusted Parents is a registered 501©3 organization. Tax ID Number 90-0912186
Donations are tax deductible to the extent allowed by the law.