



HUNGER WALK

WALKER REGISTRATION FORM

Walkers Name: _____

Email: _____

Address: _____

Age: _____ Phone: _____

Indicate Donation Amount

Money \$ _____ and/or Food _____

Contributions are tax deductible as allowed by law

STATEMENT OF CONSENT: I understand the risks involved in participating in the CCC Hunger Walk and willingly and voluntarily accept these risks. I attest that I am physically fit and prepared for this event. I grant permission for the organizers to use photographs and or images and quotations from me in accounts and promotions for this event.

Signature: _____

Print Name: _____

Parent or Guardian signature if under 18 years of age:
