# Berlin Hunger Walk
# October 19, 2014
# St. Paul School Gym
# Registration—1:30pm  Walk Begins—2:00pm

Walker(s) name: ____________________

Address: ____________________

City, State, Zip: ____________________

Email: ____________________

Make checks payable to Berlin Community Services-memo line "Food Pantry"

| Donor's Name | Address/CityStatezip | Donation | Paid |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Grand Total:

Statement of Consent: I understand the risks involved in participating in the Berlin 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/images and quotations from me in accounts and promotions of this event.

Signature(s): ____________________

Parent or guardian's signature if under 18 years of age: