Berlin Hunger Walk
October 23, 2016
Saint Paul School Gym
Registration—1:30pm Walk Begins—2:00pm

Walker(s) Name:_____
Address: _____
City, State, Zip Code: _____
Email: _____

Make checks payable to Berlin Community Services (Memo line: "Food Pantry")

Donor's Name	Address/City,State,ZipCode	Donation Amt.	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: _____