

Pledge Form **WALK**

TO HELP CHILDREN WITH DYSLEXIA

Walker's Name _____

My fundraising goal is \$: _____

Sponsors:

Name: _____	Amt.: \$ _____
Address: _____	
Name: _____	Amt.: \$ _____
Address: _____	
Name: _____	Amt.: \$ _____
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Name: _____	Amt.: \$ _____
Address: _____	
Name: _____	Amt.: \$ _____
Address: _____	
Name: _____	Amt.: \$ _____
Address: _____	

Return this page with amounts raised.

Registration Form

Enclosed is my registration fee of \$15.00 for adults, \$5.00 for children under 12 years of age.

Participants who register prior to the event will receive a commemorative t-shirt at registration. Please circle what size you would like: S M L XL

- I plan to participate in the Walk.
- I cannot attend, but enclosed is my donation of \$ _____
- I would like to volunteer the day of the walk.
Please contact me at the phone/email below.

Name (please print)

Address

City/State/Zip

Home Phone/Email

Work/Cell Phone

Emergency Contact and Number

Please make checks payable to "CLC Dyslexia Walk" and mail your registration form to:

Don Esser
8532 W. 145th Street
Orland Park, IL 60462

Participant Liability Agreement:

Please enter me in the "Walk to help Children with Dyslexia." I, on behalf of myself, my heirs, executors, and administrators hereby release the 32nd Masonic Learning Centers for Children, Inc., from any and all claims, damages, and rights of action I may have, present or future that may arise out of, or be incident to, my participation in the Walk event. In addition, I grant permission for the use of my name and/or picture in any photograph, film or videotape of the event for any purpose.

Signature (Parent or guardian if under 18 years old)

This agreement must be signed for the registration to be valid.