

**LIONS DISTRICT 14-K
Journey for Sight Walk**



**WALKERS - PLEASE PRINT CLEARLY
COMPLETE ALL REQUESTED INFORMATION**

Club Name: _____

Name of Walker: _____

Address: _____

City: Zip: _____

Contact Number: _____

Sign In Control #: _____

**PLEDGES – PLEASE PRINT CLEARLY AND FILL IN ALL
INFORMATION *Pledges can be made per lap or flat \$ donation.***

NAME	CONTACT NUMBER	ADDRESS	AMT. PLEDGED /LAP OR FLAT	AMOUNT COLLECTED
				\$
		City: Zip:		
				\$
		City: Zip:		
				\$
		City: Zip:		
				\$
		City: Zip:		
				\$
		City: Zip:		
		TOTAL		\$

Official tax receipts upon request for donations of \$10 or more.

I hereby signify that I understand Lions Club, its local agencies, the mall where I walk and all other organizations and persons connected with this event are not to be held responsible for any injuries which I may suffer while taking part in this event or as a result thereof, in this connection, I hereby waive any claim for damages to my person or property.

IMPORTANT: PARTICIPANTS UNDER THE AGE OF 18 MUST HAVE THIS FORM SIGNED BY A PARENT OR GUARDIAN.

Participant's Signature / Date

Parent or Guardian's Signature / Date