

REGISTRATION & DONATION FORM

Saturday, September 12, 2020

Thank you for choosing to Walk with Candlelighters and raise vital funds for daily programs and services for childhood cancer families. *Please use this form to track cash and check donations only.* Online donations (including Facebook donations) will successfully be tracked on your Fun Walk website profile. Once all cash and check donations are collected, mail this form with the donations to: Candlelighters, Attn: Fun Walk, 12919 Southwest Freeway, Suite 100, Stafford, TX 77477

Address:		City:	State:	_ Zip:
		Email:		
Team Name:		Team Captain:		
To	make a donation for a wa	lker or team online go to http://giv	ve candle ora/2020E	upWalk
NAME	ADDRESS OR EMAI	L ADDRESS (For tax and receipt purpose	es <i>)</i>	AMOUNT
			Grand Total	

Please make checks payable to Candlelighters. Please have all donations mailed to Candlelighters by September 30, 2020.

If necessary, use additional donation form(s) when tracking cash and check donations.

SUGGESTED WALKER GOAL: \$100 • SUGGESTED TEAM G	GUAL:	S1	.UUU
--	-------	-----------	------

Waiver: In consideration of acceptance of this entry, I, the undersigned, assume full and complete responsibility for any injury or accident that may occur during the Candlelighters' Walk or any satellite walks or while I am on the premises of the event. I release and hold harmless the sponsors and promoters of this event, including all personnel and entities associated with this event from any or all injury or damage, whether it be caused by the negligence of the sponsors, promoters or otherwise and I give my full permission to these parties to use any photographs, videotapes, or other recordings of me that are made during the course of this event. I state I am in proper condition to participate in this event.

Signature of Walker (or augrdian, if walker is under 18 years of age)	Date
Sidnature of Walker (or augraian, it walker is under 18 years of age)	Date