

Harvest Walk to Benefit the Fall Mountain Food Shelf
Sunday, October 8, 2017 at 2 PM
[Meet at Charlestown Congregational Church]

Walker's Name _____
Address _____
Phone _____ **Age** _____
Church or organization _____

Sponsor's Name	Address	Zip	Donation	Paid
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Total Donated: _____

Please make checks payable to the Fall Mountain Food Shelf.

STATEMENT OF CONSENT: I understand the risks involved in participating in the Harvest 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 _____

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

Thank you for your participation