MARC, Inc. 2010 Second Annual WalkFest

People Helping People With Developmental Disabilities

Participant Registration

PLEASE PRINT NEATLY IN BLACK INK USING UPPERCASE CHARACTERS
PLEASE KEEP ALL WRITING INSIDE THE BOXES

EVENT NAME MARC WALKFEST 2010

TEAM CAPTAIN'S NAME

TEAM NAME

SPONSORING COMPANY

Example: *= A B C 1 2 3

REQUIRED INFORMATION

OFFICE USE ONLY

TEAM FUNDRAISING GOAL $,.

INDIVIDUAL FUNDRAISING GOAL $,.

CHECK IF TEAM CAPTAIN: ☐

PLEASE SELECT SHIRT SIZE:

YOUTH SIZES: ○ YS ○ YM ○ YL

ADULT SIZES: ○ S ○ M ○ L ○ XL ○ XXL ○ XXXL

TITLE (MR, MRS, MS, DR)

***FIRST NAME**

MI

***LAST NAME**

SUFFIX (SR, JR, III)

GENDER ☐ M ☐ F

***HOME ADDRESS**

HOME ADDRESS LINE 2

***CITY**

***STATE** **ZIP** -

HOME PHONE - -

EMAIL ADDRESS

BIRTH DATE M M D D Y Y Y Y

MY REASON TO WALK:

- ☐ CAREGIVER FOR SOMEONE WITH A DEVELOPMENTAL DISABILITY
- ☐ I HAVE A DEVELOPMENTAL DISABILITY
- ☐ MY RELATIVE HAS A DEVELOPMENTAL DISBALITY
- ☐ MY FRIEND HAS A DEVELOPMENTAL DISABILITY
- ☐ I SUPPORT MARC'S MISSION AND SERVICES PROVIDED

PLEASE SELECT ALL OF THE OPPORTUNITIES IN WHICH YOU ARE INTERESTED:

- ☐ BECOMING INVOLVED IN OTHER MARC VOLUNTEER OPPORTUINITIES
- ☐ INCLUDING MARC IN MY WILL, TRUST OR ESTATE PLAN
- ☐ BECOMING MORE INVOLVED IN NEXT YEAR'S WALKFEST

PLEASE INCLUDE YOUR EMAIL ABOVE TO ENSURE A QUICK FOLLOW-UP TO YOUR STATED INTEREST

FOR MARC, INC. USE

Registration Fee Paid By: ☐ Cash ☐ Check #_____

Other Donations Collected: _____ ☐ Verified

Total Collected: _____ ☐ Verified

Staff Collecting Donation: _____ Verified By:_____

Registration entered into Firstgiving by: _____

URL: www.firstgiving.com/_____

DATE DEPOSITED: _____

DEPOSITED BY: _____

AS A PARTICIPANT IN MARC WALKFEST, FOR MYSELF, MY EXECUTOR, ADMINISTRATORS, AND ASSIGNS, I DO HEREBY RELEASE AND DISCHARGE MARC, INC. OF MANCHESTER, THE EVENT SITE, THEIR MANAGEMENT, THEIR OFFICERS, MEMBERS, SPONSORS, ORGANIZERS, OR THEIR REPRESENTATIVES, OR THEIR SUCCESSORS, AND ALL COOPERATING BUSINESSES AND ORGANIZATIONS FROM ALL CLAIMS OF DAMAGES, DEMANDS, ACTIONS, AND CAUSES WHATSOEVER, IN A MANNER ARISING OR GROWING OUT OF MY PARTICIPATION OR THAT OF MY CHILD IN THIS EVENT.

I GIVE MY FULL PERMISSION FOR THE USE OF MY NAME AND PHOTOGRAPHY IN THIS EVENT.

I ALSO GIVE MY FULL PERMISSION TO SUCH FIRST AID AS IS DEEMED NECESSARY TO BE PROVIDED TO ME OR MY CHILD ON THE PREMISES OR PRIOR TO TRANSPORT TO A HOSPITAL FOR FURTHER TREATMENT.

PARTICIPANT/GUARDIAN SIGNATURE: **DATE:**