



2 1/2 - 10K.M. WALK-A-THON FUN - FOR ARID RECOVERY HOMES OF NIAGARA

SATURDAY, MAY 4, 2019

REGISTRATION OPENS AT 9 A.M. At 145 Lincoln St., Welland, ON. Welland Community Wellness Center. WALK STARTS AT 10 A.M. on WELLAND CANAL PATHWAY

Make Cheque payable to ARID Group Homes

PRINT NAME:	ADDRESS	Amt Pledged	Receipt?	Amount PD:
1)	Street:	City:		
	Postal:	Phone#:		
	Email:			
2)	Street:	City:		
	Postal:	Phone#:		
	Email:			
3)	Street:	City:		
	Postal:	Phone#:		
	Email:			
4)	Street:	City:		
	Postal:	Phone#:		
	Email:			
5)	Street:	City:		
	Postal:	Phone#:		
	Email:			
6)	Street:	City:		
	Postal:	Phone#:		
	Email:			
7)	Street:	City:		
	Postal:	Phone#:		
	Email:			

*Charitable Receipts issued for donations of \$10 or more, unless requested. IF INFORMATION IS INCOMPLETE OR CANNOT BE READ, NO RECEIPT CAN BE ISSUED.



PRINT NAME:	ADDRESS		Amt Pledged	Receipt?	Amount PD:
8)	Street:	City:			
	Postal:	Phone#:			
	Email:				
9)	Street:	City:			
	Postal:	Phone#:			
	Email:				
10)	Street:	City:			
	Postal:	Phone#:			
	Email:				

\$100 or more total pledges are entered into our Grand Prize Draw!
All participants who raise \$30 minimum will receive a free T-shirt!

Participant Waiver: I hereby release and discharge the ARID Group Homes and all other participating distributors and sponsors from any claim, injuries, losses or liabilities suffered or incurred as a result of my participation. Through my attendance at this ARID Group Homes Walk-A-Thon event at a public venue, I acknowledge that photographs may be taken and used in the future promotional materials. Parents or guardians are responsible for any kids under 18 years.

Privacy Statement: The information you have provided us will be used to prove your donation and to provide you with a tax receipt.

Participant's Name:
Street:
City:
Postal Code:
Email:
Phone #:

Participant's Signature: _____

Parental Guardian Signature: _____
(Participants Under 18 Years)