

Walk for Open Cupboard Pantry

OCTOBER 16, 2021

Walker Name _____
 Address _____
 City, State _____
 Phone # _____
 Email _____

Please collect money when you sign up sponsors, make checks payable to: **Wilton Lions Charitable Foundation**

	NAME	ADDRESS	TOWN	STATE	PHONE #	DONATION	PAID
1							
2							
3							
4							
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15							

TOTAL _____

Contributions are tax deductible as allowed by law.

Statement of Consent I understand the risks involved in participating in this walk and willingly and voluntarily accept these risks. I attest that I am physically fit and prepared for this event. I grant permissions for the organizers to use photographs/images and quotations from me in accounts and promotions for this event.

Signature: _____

Parent or guardian's signature if under 18 years of age.

Signature: _____