



NAME \_\_\_\_\_ TEL. \_\_\_\_\_  
 STREET \_\_\_\_\_  
 P.O. BOX \_\_\_\_\_ EMAIL \_\_\_\_\_  
 TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 SCHOOL \_\_\_\_\_ CHURCH \_\_\_\_\_

**GOOD FRIDAY WALK – 3/30/18**  
 Rockville United Methodist Church  
 142 Grove Street, Rockville, CT  
 Starting Time: 7:30 am  
 Info: Steve 644-2663; Judie 872-3122

**MAKE CHECKS PAYABLE TO: SHARING, INC.**  
**MAIL TO: P.O. Box 850153, Braintree, MA 02185-0153**

*Each walker is required to have a minimum pledged total of \$20.00 and to sign the following release (persons under 18 must have the signature of a parent or guardian.)*

**ALL WALK** participants assume all risk of harm, injury, and damage during the walk and at rest stops; and **Kay Doherty** and/or the **Walk Committee** will not be liable for any loss, damage, injury or harm under any circumstances or acts of any kind by any persons.

AGE

Signature \_\_\_\_\_

SPONSORS			CHOOSE ONE		Amount Collected
			Pledge Per Mile	Lump Sum Pledge	
NAME	STREET	TOWN			
1			or		
2			or		
3			or		
4			or		
5			or		
6			or		
7			or		
8			or		
9			or		
10			or		
11			or		
12			or		
13			or		
14			or		
15			or		
16			or		
17			or		
18			or		
19			or		
20			or		
21			or		
22			or		
23			or		
24			or		
25			or		
<b>MINIMUM PER WALKER \$20</b>			<b>TOTALS</b>		