



## **Registration / Donation Form**

First Name:	Last Name:	
O Check if walker is 18 years of age.		
Home Address:	City:	State: Zip:
	E-mail:	
O I am on a Walk team – Team Name	Team Ca	ptain:
O My child(ren), under age 18, is (are) walkin		
Child(ren's) name(s):		
programs are checked, the first one selected v	to a specific program, check a box below. <b>Please</b> will be used. If a paper registration is duplicated o age of all other proceeds will benefit Foodshare.	
O Foodshare	O Hebron Interfaith Human Services	Rehoboth Church of God
Asnuntuck Community College Food Pantry	O HRA New Britain Food and Resource Center	Helping Hand Food Pantry  O Safe Net Ministries
Cathedral of St. Joseph Food Pantry	O Latino Community Services	
O Enfield Food Shelf	O Loaves and Fishes Ministries, Hartford	O South Park Inn
O Family Life Education	MCC Cougar Pantry	O St. Monica's Episcopal Church
O Farmington Food Pantry	Bacpacker's Program O The	O St. Thomas the Apostle Church Food Pani
O Fern Street Food Ministry		O The House of Bread
O Friendship Service Center	O Newington Food Bank	O The Salvation Army - Greater Hartford
O Gifts of Love	O Northend Church of Christ	O The Village for Families & Children
Grace Evangelical Lutheran Church	H.U.G.S Food Pantry	O United Labor Agency
O Hands on Hartford	O Pathways / Senderos Center	O Windsor Food & Fuel Bank
Donor Name		\$ Donation
1)		
2)		
3)		
4)		
5)		
6)		
7)		
	Paper To	
	Online To	
	Grand To	tai: [

WAIVER: In consideration for accepting this entry, I the undersigned, intending to be legally binding for myself, any heirs, my executors and administrators, waive and release any and all rights for damages I may have against any parties or persons connected with the Foodshare Walk Against Hunger. I attest and verify that I am physically fit to participate in any portion of the Walk. I grant Foodshare permission to use any photographs, film, or videotapes of this event for any purpose.