

REGISTRATION:

Send this form, along with all payments to: Attention Melissa E. Aguiar
Community Care Services, 70 Main Street, Taunton, Massachusetts 02780

Name: _____ Phone: _____

Team Name: _____ Email: _____

SPONSOR NAME	SPONSOR ADDRESS	DONATION
1. WALLY WALKER	123 STROLLING LANE, ANYTOWN, MA 01234	\$25.00
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
TOTAL:		

I understand that my participation in the Walk for Kids is voluntary and at my own risk. I agree that Community Care Services and their employees will not be responsible for any loss of property or bodily injuries that may occur during this event.

Signature: _____

PAYMENT METHOD: Cash Check

Checks enclosed: _____ Total cash enclosed: _____