



WALK FOR SENIORS

Saturday, September 13, 2008



Waukegan Township WALK FOR SENIORS September 13, 2008 Pledge/Enrollment Form

TEAM NAME

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date of Birth ____/____/____

**Collect Donations When You Sign Up Your Sponsors
Make Checks Payable to Waukegan Township CARES
All walkers collecting pledges that total \$20.00 or more
will receive a "Walk for Seniors" T-Shirt.
(One shirt per person, please) – T-Shirt Size _____**

Sponsors Name	Address/City/State	Zip	Donation Amount	Collected
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Total Collected \$ _____

Please use back side for additional pledges. Remember your donations help support our senior citizens!

WAIVER: I hereby waive all claims against Waukegan Township CARES, Waukegan Township, City of Waukegan and City of North Chicago, sponsors, or for personal injury I might suffer in this event. I attest I am physically fit and prepared for this event.

Signature _____

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

Date _____

This is your registration form. You may mail this form and donations prior to the event or bring to the event. Mail to:

**Walk for Seniors Headquarters
414 S. Lewis Ave.
Waukegan, IL 60085**

847-244-9242