

Walk-A-Thon Registration Form

Walker Name Address City State Zip
Emergency contact Address Phone

I understand that all pledges are collected in the name of and to be sent to:
National Federation of the Blind, Greater Springfield Chapter, P.O. Box 3512 Springfield MA. 01101-3512.

Greater Springfield Chapter of the National Federation of the Blind and or Van Horn Park are not to be held responsible for damages or injuries to myself or my personal property.

Walkers' Signature

Signature of Parent or Guardian if under 18

| Name | Address | Pledge | Collected |
|------|---------|--------|-----------|
| 1. | | \$ | \$ |
| 2. | | \$ | \$ |
| 3. | | \$ | \$ |
| 4. | | \$ | \$ |
| 5. | | \$ | \$ |
| 6. | | \$ | \$ |
| 7. | | \$ | \$ |

Please make checks payable to "Greater Springfield Chapter, NFB." For more information, visit our website or call the Walk-A-Thon committee at (413) 733-5547

WWW.NFBMAGS.ORG

Thank you for your generous donations.