



Participant Sponsor Sheet

Signed **X** _____
 (minors must have this signed by a parent or guardian)

Parent/Guardian **X** _____

Walker Name:	
Street:	
City, State	
Zip Code	
E-mail	
Phone #:	
Age:	
Emergency Contact Name	
Relationship	
Emergency phone #	

Make checks payable to IRISH INTERNATIONAL IMMIGRANT CENTER

	SPONSOR NAME	ADDRESS	FLAT DONATION COLLECTED	
1.	Example: John Doe	111 Main Street, Anytown, Any State, 01234 or email can be used	\$25.00	✓
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Total Turned in Money \$ _____