## Kids Walk for Kids

## Pledge Sheet

Name:					
Address:					
City: State: Zip					
Telephone:					
Date: October 18 <sup>th</sup> , 2014 Ra					
Registration: Begins at 8:00 a.m.					
Walk: Begins at 9:00 a.m.	•	0.7	_	•	
Where: Farmington, at the Gaze	bo (at the center	er of Down	ntown Far	mington)	
Team Name:				_	
Sponsors	Amount of Pledges				
Name/Address (Print)	\$5	\$10	\$15	Other	
PLEDGES DUE DAY OF EVENT	Individual Total:				
Make checks payable to FCCTF	Team Total:				
T1-12	Country Childre	mia Taala Ea			

Franklin County Children's Task Force 113 Church Street, Farmington, ME 04938 (207) 778-6960

## \*\*DON'T FORGET TO SIGN MEDIA RELEASE FORM ON BACK\*\*

## **Media Release Form**

I,	, give m	y permission for the f	following information to	be released to the
media (newspapers, radio, and T	V stations and other p	public information so	urces):	
Please complete <u>o<b>nly</b></u> the identif leave the spaces blank.	ying information you	give your permission	to release to the media.	Otherwise, please
Today's Date:				
My Name:	Middle	Last		
		Läst		
My Child's Name:	Middle	Last		
My Child's Age:	Where I Live	::	-	
Other People in my family:		Town		
Other reopie in my family.				
Other identifying information (for			d goes to school):	
Program I participate in:	Kids Walk for Kids Name of Program			
All proceeds benefit the children of Fran Task Force. Thank you for helping us st	klin County through parent op abuse before it starts. I	education, programs for ch For more information on ou	nildren and parents, and other or programs, volunteer opportu	services offered through the unities and upcoming events
visit us on the web at: www.fcctf.or	g; or give us a call at 778-	6960.		
You may also write us at: Franklin Cour	ty Children's Task Force, 1	113 Church St., Farmingtor	ı, ME 04938	
In consideration of the furtherance of you Thon, on behalf of myself, my heirs, exe may have against the municipalities thro Thon, their heirs, executors, administrate or as a result thereof.	cutors, administrators and a ugh which the Walk/Bike-A	assigns, I hereby waive and -Thon will take place, as w	d release any and all right and rell as any other person conne	d claims for damages which I ected with the Walk/Bike-A-
Signature:			)ate:	
Parent/Guardian Signature	:	σ	Date:	
Photo Attached:			-	Disk#
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