march of dimes
march for babies

Team Code N156

Event Location MERCER COUNTY PARK

Team Name SIKH SABHA

Name _____

Address _____

City, State, ZIP _____

Telephone _____

E-mail _____

Employer _____

T-shirt Size S M L XL XXL

Are you over 18? YES NO

Make checks payable to March of Dimes.

In consideration of the furtherance of your purposes, objectives and work and in consideration of your permitting me to participate in March for Babies, on behalf of myself, my heirs, executors, administrators and assigns, by submitting this form or by participating in this event, I hereby waive and release any and all rights and claims for damages that I may have against you, the municipalities through which March for Babies will take place, as well as any other person connected with March for Babies, their heirs, executors, successors and assigns for any and all injuries that I may suffer while taking part in March for Babies as a result thereof.

As a policy matter, the March of Dimes prefers not to accept restricted donations for March for Babies. However, you may request in writing to have your own personal donation be restricted and the March of Dimes will honor it. Walkers cannot legally restrict donations on behalf of their sponsors without the sponsors' written permission.

_____

Signature (If minor, parent or guardian signature)

BBB ACCREDITED CHARITY
bbb.org/charity

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Contribution Form

My goal $_____

Donor's Name	Donation $	Rec'd
Total Turned in Today		
+ Total Raised Online		
+ Matching Gifts		
Grand Total		