

Official Walker Form

Saturday. October 14, 2017 8:00 a.m. Registration, 8:30 - 10:00 a.m. Walk Queen Ka`ahumanu Center

during mall hours. Mahalo for your support!





Sponsored by:

Walker form and monies due by September 11 to guarantee t-shirt availability. Walkers registering after that date will receive a t-shirt on a first come, first serve basis. Please indicate t-shirt size (S - 2X available): _____

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| | | | ORGANIZATION/SCHOOL | | |
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| t | n consideration of the furtherance of your purposes, obj of myself, my heirs, executors, administrators and assig ies through which the KOKUA 4 KOKONUTS will take p sors and assigns for any and all injuries which I may suf affiliates the right to publish, print display, record and us | ns, I hereby waive and release any and lace, as well as any person(s) connecte fer while taking part in the KOKUA 4 KO | all rights and claims d with KOKUA 4 K0 KONUTS, or as a re | s for damages which I may have a DKONUTS, their heirs, executors, esult thereof. I also allow KOKUA | gainst you, the proper- administrator, succes- . 4 KOKONUTS, and its |
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| • | X WALKER'S SIGNATURE | PARENT | OR GUARDIA | N (IF WALKER IS UNDER | 18 YEARS) |
| | All ages welcome — bring your st signed by a parent or guardia | | | | |
| | PRINT SPONSORS'S NAME | ADDRESS | | AMT PLEDGED | AMT COLLECTED |
| | (FIRST & LAST) MY OWN CONTRIBUTION | | | | |
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| 5 | Need more space? Continue on the back or | | | | |
| ΑM | UNABLE TO PARTICIPATE BUT WOL | ILD LIKE TO MAKE A DONA | TION | | |
| ∕lin | imum total donation is \$35.00 per walker. \$ | 10.00 for kids12 and under.* | | | |
| | se make check payable to "MMMC Foundati | | TOTALS* | | |
| | onations are tax deductible. Tax ID #99-033 walker form & monies to: | 30698 | IOTALS | | |
| aui | Memorial Medical Center Foundation, 285 | | | | |
| 11 96 | 6793, OR drop off at Queen Kaʻahumanu C | | | | |