

KOKUA 4 KOKONUTS

WALK FOR BREAST CANCER

Sponsored by:



285 Mahalani Street, #4
Wailuku, HI 96793
(808) 242-2630
MauiHospitalFoundation.org



275 W. Ka'ahumanu Avenue
Kahului, HI 96732
(808) 877-4325
queenkaahumanucenter.com
Connect with us @QKCMaui
#PlayQKC #Kokua4Kokonuts

Foundation

Walker form and monies due by **September 16** 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): _____

NAME _____ AGE _____ TEL. NO. _____
 ADDRESS _____ EMAIL ADDRESS _____
 CITY _____ ZIP CODE _____ ORGANIZATION/SCHOOL _____

In consideration of the furtherance of your purposes, objectives and work, and in consideration of your permitting me to participate in your KOKUA 4 KOKONUTS, on behalf of myself, my heirs, executors, administrators and assigns, I hereby waive and release any and all rights and claims for damages which I may have against you, the properties through which the KOKUA 4 KOKONUTS will take place, as well as any person(s) connected with KOKUA 4 KOKONUTS, their heirs, executors, administrator, successors and assigns for any and all injuries which I may suffer while taking part in the KOKUA 4 KOKONUTS, or as a result thereof. I also allow KOKUA 4 KOKONUTS, and its affiliates the right to publish, print display, record and use my name, image and likeness at the KOKUA 4 KOKONUTS in any and all media now or hereafter devised.

X _____ X _____
 WALKER'S SIGNATURE PARENT OR GUARDIAN (IF WALKER IS UNDER 18 YEARS)

All ages welcome — bring your strollers, walkers, etc! Participants under the age of 18 must have this form signed by a parent or guardian. Participants under the age of 12 must be accompanied by an adult.

	PRINT SPONSORS'S NAME (FIRST & LAST)	ADDRESS	AMT PLEDGED	AMT COLLECTED
1	MY OWN CONTRIBUTION			
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15	Need more space? Continue on the back or feel free to make copies of this form.			

I AM UNABLE TO PARTICIPATE BUT WOULD LIKE TO MAKE A DONATION

Minimum total donation is \$35.00 per walker. \$10.00 for kids 12 and under.
 Please make check payable to "MMMC Foundation".
 All donations are tax deductible. Tax ID #99-0330698

Mail walker form & monies to:
 Maui Memorial Medical Center Foundation, 285 Mahalani Street, #4, Wailuku,
 HI 96793, OR drop off at Queen Ka'ahumanu Center Guest Services Kiosk
 during mall hours. Mahalo for your support!

TOTALS*