

Steps To End Poverty in Steuben Walk Sponsor Sheet

I am raising funds for Turning Point poverty services in: Hornell Bath Corning

Walker's Name: _____ Business/Organization: _____

Address: _____ Team Name/Captain's Name: _____

Cell: _____ Phone: _____ Email: _____

Signature (parent/guardian for participants under age 18): _____

Submission of this form constitutes an acknowledgement that the walker is physically able to undertake the Walk and is a waiver of any and all claims arising out of the Walk, which the walker might assert against any parties connected with the Walk. In addition, the walker agrees to the use of any photo, film, or video of the event for the purpose of promoting the agency or its activities.

Please print legibly and fill in all information. Online donations need not be captured here.

SPONSOR'S NAME	ADDRESS	CITY	STATE	ZIP	EMAIL	PHONES	CASH	CHECK #	AMT
1.						C: w: h:	<input type="radio"/>		
2.						C: w: h:	<input type="radio"/>		
3.						C: w: h:	<input type="radio"/>		
4.						C: w: h:	<input type="radio"/>		
5.						C: w: h:	<input type="radio"/>		
6.						C: w: h:	<input type="radio"/>		
7.						C: w: h:	<input type="radio"/>		
8.						C: w: h:	<input type="radio"/>		
9.						C: w: h:	<input type="radio"/>		
10.						C: w: h:	<input type="radio"/>		

Please make checks payable to "Catholic Charities Steuben/Livingston" and put the location you are supporting in the "Notes" section.

TOTAL	\$
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