

INCARNATION CATHOLIC ACADEMY
Virtual Walk A Thon 2020
October 1st to October 30

Come out, walk, and support our parish Academy

PRINT YOUR NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL: _____

___ **YES, FATHER I WANT TO BE A OFFICAL WALKER AND GATHER SPONSORS FOR THE WALK** – please fill out additional release below & if you are under 18 years of age please have parent or guardian sign the release.

___ **NO, FATHER I CANNOT WALK BUT I WANT TO HELP BY BEING AN OFFICAL SPONSOR** ___ **ENCLOSED IS MY DONATION OF TEN DOLLARS**
 ___ **ENCLOSED IS MY DONATION OF _____**

AGE OF WALKER _____

I the above walker understand that I am volunteering to be an official walker for the Academy Virtual walk-a-thon. I understand that it will be my responsibly to get at least 20 sponsors and that each sponsor will be asked to donate a minimum of \$10. I also understand that walking means that there is a certain level of physical risk and physical fitness. I therefore will not hold the Academy responsible for any physical mishap that may occur.

Walker's **Signature** _____ Date: _____

Please Print Walker's Name _____

If under 18:
Parents/guardian **Signature** _____

Please Print Name _____

WALKERS: Please complete and return this form as soon as possible! THANKS, Fr. Gannon