



Date: _____

Location: _____

Rain or shine!

Walker's Name _____

Address _____

Phone _____ Email _____

Checks should be made out to any of the pantries as written below or other certified food programs and handed in on the day of the walk so that they can be distributed immediately to the pantries designated on each check.

Antrim Bennington Food Pantry, Greenfield Food Pantry, Helping Hands Center, Jaffrey Food Pantry, Peterborough Food Pantry, Rindge Food Pantry, End 68 Hours, Got Lunch, South Meadow Food Pantry

SPONSORS

	Name	Phone	Pantry	Amount	Paid
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10					
11					
12					

STATEMENT OF CONSENT I understand the risks involved in participating in the Monadnock Hunger Walk and willingly and voluntarily accept these risks. I attest that I am physically fit and prepared for this event.

I grant permission for the organizers to use photography/ images and quotations from me in accounts and promotions of Monadnock Hunger Walk.

Total checks _____

Total amount _____

Signature _____

Date _____

Parent or guardian's signature if under 18 years of age:

Signature _____

Date _____