

Meals on Wheels Provides Much More Than Just A Meal



- Homebound Meal Delivery
- Senior Centers
- Adult Day Care
- Caregiver Support Services
- Adult Learning Center of Rockland
- Alert & Alive
- Information & Referral

EASY WALKER REGISTRATION

Visit www.mowrockland.org
Registration made easy!

Register on-line and never worry about having
to collect cash or check donations.

or mail in the attached Walker Registration Form
(see form for details)

On-line registration powered by Active.com

Sponsorship Opportunities

All proceeds of Walk Away Hunger Walk will benefit Meals on
Wheels Programs and Services, Inc.

Programs funded in part by the State & Local Office for the Aging,
the County of Rockland, the United Way of Rockland County,
donations, grants and fees. A copy of our latest annual report may
be obtained upon request from Meals on Wheels or from the NY
State Attorney General's Charities Bureau, Attn: FOIL Officer 120
Broadway, NY NY 10271



121 West Nyack Road
Nanuet, New York 10954
www.mowrockland.org

WALKER REGISTRATION

Registration Fee: \$25.00

Mail completed Walker Registration Form & check made out to:

Meals on Wheels

121 West Nyack Road, Nanuet NY 10954

Or visit www.mowrockland.org for quick and easy on-line registration

Name _____

Address _____

Phone _____ Email _____

I know that participating in this event is potentially hazardous activity. I agree not to enter and participate unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the event. I am voluntarily assuming all risks associated with participating in this Walk including, but not limited to, falls, contact with other participants, spectators or others, the effects of weather, including heat and cold, and conditions of the walking path. Having read this Waiver and knowing these facts, and in consideration of your acceptance of this Registration Form, I for myself and anyone entitled to act on my behalf, waive release, and hold harmless the organizers, officials, volunteers and sponsors for all claims or liabilities of any kind arising out of my participation in this event, even though the liability may arise out of negligence or carelessness on the part of persons named in this waiver. BY SIGNING AND SUBMITTING THIS REGISTRATION FORM, I AGREE TO THIS WAIVER OF LIABILITY.

Date _____

Signature _____

Signature of Parent or Guardian (if under 18 years of age) _____



cut and send upper portion

PLEDGE SHEET

- Please collect money from sponsors at the same time that you sign them up.
- Make checks/money orders payable to Meals on Wheels
- Add totals, put cash, checks and this form in an envelope and bring it with you on the day of the walk

Sponsor Name & Contact Information	Amount Collected
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	
8. _____	
9. _____	
10. _____	

THE FULL AMOUNT OF YOUR DONATION IS TAX DEDUCTIBLE

TOTAL PLEDGES _____