



SATURDAY, OCTOBER 19, 2013

SPONSOR SHEET

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WALK FOR INDEPENDENCE

WALKER'S NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____ EMAIL _____

TEAM NAME _____ CAPTAIN _____

SPONSOR NAME	SPONSOR ADDRESS	DONATION
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

TOTAL \$ _____

Donations are tax deductible to the fullest extent allowable by law.
Walk questions? Contact Terri: 800-715-0097 or 207-518-5003

**REGISTRATION FORM
COMPLETE AND RETURN
ONE (1) FORM PER WALKER
\$15.00 Adults \$5.00 under 12
Registration/Check-in: 9:00 a.m.
1.1 mile Walk begins: 10:00 a.m.**

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____ EMAIL _____

MY TEAM _____

To register on-line:
www.theiris.org/news-events/WhiteCaneWalk

Enclosed is my fee of \$ _____

I can't attend but please accept my donation of:
 \$15 \$20 Other: \$ _____

Please make checks payable to **The Iris Network** and mail:

**c/o Walk
The Iris Network
189 Park Avenue
Portland, ME 04102**

Credit card payment: Visa MasterCard

NAME _____

CARD # _____

EXP _____ SEC. CODE _____

SIGNATURE _____

Make a difference in the lives of individuals who are visually impaired or blind. Walk proceeds provide training, education, and support for people with vision loss in Maine.

TEAM BUILDING and SPONSORSHIP TIPS

- Post the Walk information on your Facebook page, or link to it from ours: The Iris Network Facebook
- Spread the word through your community center, church newsletter, local deli, team ...
- As a birthday gift, ask for a friend or family member to sponsor you.
- Set a \$\$ goal for yourself.
- Carry a sponsor form everywhere you go.
- Don't forget to check to see whether your employer will give a matching gift.

In consideration of me and/or my minor child being permitted to participate in the White Cane Walk for Independence, I hereby—for myself, my heirs and personal representatives—assume all risks that might be associated with the event. I further waive, release, and discharge any claim against sponsoring agencies, companies, staff, volunteers, or other representatives or their successors for any injuries or damages to my person and/or my minor child or property while a participant in this event . This waiver applies to any claim at any time connected with this event. I also consent of photos, film, or videotape taken of me and/or my minor child to be used by The Iris Network for publicity and public education purposes.

WALKER'S SIGNATURE REQUIRED:

X _____



**OUR SPONSORS AS OF 8/13/2013
WOULD YOU LIKE TO BE A
WALK SPONSOR?**

Contact Terri: 207-518-5003

the **Iris** network's

WhiteCANE™

SATURDAY, OCTOBER 19, 2013 | Monument Square, Portland | 10:00 a.m.

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