



4th Annual Recovery Rally & Walk

JOIN THE VOICES FOR RECOVERY FROM ALCOHOL AND OTHER DRUGS

3717 Springdale Ave. • Baltimore, MD 21216 • 410.664.4300 • fax: 410.664.2488 • officeadmin@projectgarrison.org

Registration Form

A Participant* who pre-registers by AUGUST 20, 2010 will be issued a FREE T-Shirt on September 11, 2010, on a first come first serve basis.

Completion of Part I REQUIRED

Name: _____

(Check one) _____ MALE _____ FEMALE (Check one) AGE: _____ Less Than 18 Years Old _____ 18 Yrs and Older

T-Shirt Size: (Check one only) _____ L _____ XL _____ XXL _____ XXXL

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

2010 Recovery Walk & Rally Waiver of Liability and Photo Release

I understand that Project Garrison Inc., National Council on Alcoholism and Drug Dependence, Inc., Maryland (NCADD), Gaudenzia, Park Heights Health Alliance and Baltimore Substance Abuse Systems, Inc. (bSAS), shall not be responsible or legally liable for any loss of personal property or any bodily injury I sustain. I hereby waive and release all rights and claims for damages I may have against all providing partners and sponsors of this event, and their agents, employees, or volunteers, which may arise in conjunction with this event as a result of negligence or otherwise.

I give consent for the use of any photographs taken of me during this event.

Signature: _____ Date: _____

(Parent's signature required if participant is less than 18 years of age.)

***Completion of Parts II and Part III of This Registration Form Are OPTIONAL!

These sections are provided for individuals/groups making financial contributions under \$100. All contributions are tax deductible as far as the law allows and will be used to help defray costs associated with this event. Make all checks/Money Orders payable to: "Project Garrison, Inc."

Part II (Optional) - Friends Of Recovery Donation Form

Complete this section if you will make a tax deductible donation between \$25 and \$99 to help support Baltimore's 4th Annual Recovery and Rally on September 11, 2010. Contributions are accepted even if you cannot attend.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Amount: Check one: \$75 to \$99 _____ \$50 to \$74 _____ \$25 to \$49 _____ Actual Amount \$ _____

Contributions received by August 20, 2010 will be printed in the event program.
Make check/Money Order payable to: "Project Garrison, Inc."

* Participants completing the Volunteer Application are asked to submit all forms together.

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2010 Registration Form (continued)

Part III - Pledge Sheet For Walkers/Seeders of Recovery With Supporters (Optional)

Pledge Sheet Deadline August 20, 2010

As a WALKER and/or SEEDER you may want to encourage your family, friends/co-workers, etc. to support you in this recovery celebration event. Please use this Pledge Sheet to collect, record and report all donations. In order to expedite processing we ask that you turn in your Pledge Sheet and all monies collected by August 20, 2010. Once you have collected donations, you must complete this Pledge Sheet and submit donations collected to Project Garrison's Office, or mail to: Sponsor Committee c/o Project Garrison, Inc., 3717 Springdale Avenue, Baltimore, MD 21216-1327.

Seeder/Walker's Name: _____ Telephone # _____

Total Amount Pledged: \$ _____ Total Amount Collected: \$ _____ Total Amount PLEDGED BUT NOT Collected: \$ _____

My Supporters for the 4th Annual Recovery Walk & Rally

Please Print Clearly

Name	Address	Email	Phone #	Pledged	Collected
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
			TOTALS		

THANK YOU VERY MUCH!

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