



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

## 2011 Registration Form

A Participant\* who pre-registers by **AUGUST 24, 2011** shall be issued a **FREE T-Shirt** on September 10, 2011, on **First-come, First-served**.

### Part I - To officially register, each Participant MUST complete this section (Part I) of the Registration Form.

Please Print Clearly

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:** \_\_\_\_\_

#### 2011 Recovery Walk & Rally Waiver of Liability and Photo Release

I understand that Baltimore Substance Abuse Systems, Inc. (bSAS), Gaudenzia, Inc., Park Heights Community Health Alliance, Project Garrison Inc., National Council on Alcoholism and Drug Dependence, Inc., Maryland Af filiation (NCADD), and The Lord's Church of Baltimore, Inc. and any sponsor 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 the organizations presenting and/or sponsoring this event or 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.)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### \*\*\*Completion of Part II and Part III Are OPTIONAL!

These sections are for individuals/groups who want to make financial contributions **under \$100**. 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 - Friends Of Recovery Donation Form (Optional)

Complete this section if you will make a **tax deductible donation between \$25 and \$99** to help support Baltimore's 5th Annual Recovery and Rally on September 10, 2011. 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 24, 2011 will be printed in the event program.**

Make check/Money Order payable to: **"Project Garrison, Inc."**

*On behalf of all participants in this event, the Recovery Walk & Rally Steering Committee thank you for your support and contribution. Please mail this form along with your donation to:*

Recovery Walk & Rally Sponsorship Committee  
 c/o Project Garrison, Inc.  
 3717 Springdale Avenue, 1st Floor  
 Baltimore, MD 21216-1327

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

PRESENTED BY:



IN PARTNERSHIP WITH:



# 2011 Recovery Walk & Rally

## Registration Form (Page 2)

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

**Pledge Sheet Deadline August 24, 2011**

As a Seeder /Walker, 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 24, 2011. 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 **PLEGGED BUT NOT Collected**: \$ \_\_\_\_\_

### My Supporters for the 5th 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.					
15.					
			<b>TOTALS</b>		

**THANK YOU!**