2021 MAUI COUNTY VIRTUAL CHARITY WALK REGISTRATION FORM



Date:



The Visitor Industry Charity Walk's first ever virtual event will take place Monday, August 30, 2021 – Sunday, September 12, 2021

Donor's Name:

Donation Amount:

*Donations may be deductible

| NAME | | | AGE | |
|---|---|---|---|--|
| (LAST) | (FIRST) | | (MI) | |
| mailing address | | | TEL.NO. | |
| | | | | |
| CITY | STATE | ZIP | EMAIL | |
| TEAM/ORGANIZATION | | | T-SHIRT SIZE (circle one): \$ M L XL 2XL | |
| Minimum dona | tion to register fo | r the Maui | Visitor Industry Charity Walk: \$50.00 | |
| TOTAL DONATION AMOUNT (| included with this fo | rm): \$ | | |
| Upon submission of th Charity Walk will prov If you are donating vi | ide you with your Ch a check, please ma <u>For</u> n | narity Walk Vi ke it payable ns must be su | e to <u>CHARITY WALK</u> ubmitted to: | |
| | • | | | |
| | | | miled to: | |
| | Visitor | • | rity Walk Maui | |
| 85 N. Church Street, Wailuku HI 96793 For more information contact Christine at 808-244-8625 info@mauihla.org | | | | |
| VAIVER OF LIABILITY: | Tiore information com | | 1 000 2 1 1 0020 11110 e 111 doi 11 d. 131 g | |
| CHARITY WALK, on behalf of myself, r damages which I may have against yo the CHARITY WALK, their heirs, execu | ny heirs, executors, admir ou, the properties through tors, administrator, succes I also allow the CHARITY | nistrators and ass on which the CHA ssors and assigns WALK and its aff | in consideration of your permitting me to participate in you signs, I hear by waive and release any and all rights and clain (RITY WALK will take place, as well as any person(s) connecte is for any and all injuries which I may suffer while taking part illiates the right to publish, print, display, record and use my by or hereafter devised. | |
| Walkers under the age of 12 must be Walkers under the age of 18 must hav | | | uardian. | |
| Χ | | X | ENT OR GUARDIAN (IF WALKER IS UNDER 18 YEARS) | |
| WALKER'S SIGNATURE | | PARI | ENT OR GUARDIAN (IF WALKER IS UNDER 18 YEARS) | |
| | | | | |

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My Sponsor Pledges

| PRINT | NT SPONSOR'S FIRST & LAST NAMES DONATION AMOUNT | |
|-------|---|----------|
| | | |
| 1 | MY OWN CONTRIBUTION | \$50 |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| | TOTAL DONATIONS | RECEIVED |