Application Form for the Walk for Dyslexia

Name:	 	 	· · · · · · · · · · · · · · · · · · ·
Address:	 	 	

City: _____ State: _____ ZIP: _____

Pledge Form

Name	Address	Phone #	Contribution	Paid

I, the undersigned, fully acknowledge that this is a charitable event and that no sponsoring entity can or will be held in any way responsible for any injury that may be sustained while participating in this event. I also pledge that all monies raised for this purpose will be forwarded directly to those organizing and running the event.

Signed: _____

Print Name: _____

Date: _____