

## 2024 Walk for Warmth Sponsorship Form

	Repre		
Address:	City: _	State: _	Zip:
	amed participant in the Kent County Walk ation. All donations should be turned in or h.		
SUPPORTER	ADDRESS		\$ DONATION
supporters, organizations, the County	ripant, I agree to hold Kent County Commu r, or any of its agencies harmless for any inju rs is my responsibility (parent or guardian n	rry, damages, or any other claims arising fr	
	gnature:ize Kent County Community Action (include voice, photograph and/or video as a likeners.		
Walker/Parent/Guardian Signature:		Date:	
For Office Use Only:	Received \$	Initials	
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