Dream Walk-Walk for a Cause



Name: ____ Address:

City, State, Zip:_ Contact email:

August 16, 2020

Festival Park in Hobart Indiana

Phone number:
T-shirt size (please circle)
Youth: Small Med Large X-Large Adult: Small Med Large X-Large XX-Large XXX-Large
Amount enclosed:
\$15/person for Dream Walk includes official walk t-shirt
\$25/person for Dream walk, official walk t-shirt and party pack
Free Dream Walk participant with disABILITY includes t-shirt
Free Kids Dash Walk Team Name:
Event Schedule:
8:30am Park opens for Tailgate tent set up
10:ooam Registration Opens
10:30am Walk Starts
12:00pm Kids Dash Starts
12:00pm Festivities begin! Food, dancing, characters, clowns, fire trucks, therapy dogs
resource fair and much more!
Dream walk team leaders please provide us details about your group:
Email a photo of the person the team is honoring and a paragraph including their name, age,
and information about their accomplishments and favorites to events@chasingdreams.org
Teams with over 20 registered walkers will have their team name listed on their shirts.
(Deadline August 7)
All mail in registration must be post marked before August 7, 2020
Online registration available at: http://chasingdreams.org/walk-2020
Waiver and release of liability: In signing this form, I assume all risk and responsibility
associated with walking and participating in this event. I agree to waive any responsibility for
injury or loss for Chasing Dreams Inc, sponsors, volunteers, board members, employees, or
any other entity associated with this event. I grant permission to the above to use my image
via photographs, video, or any other record of this event for any legitimate event purpose.
Signature: Date:
Print Name:
Parent or Guardian: