

Dream Walk-Walk for a Cause

August 16, 2020

Festival Park in Hobart Indiana



Name: _____

Address: _____

City, State, Zip: _____

Contact email: _____

Phone number: _____

Amount enclosed:

___ \$15/person for Dream Walk includes official walk medal

___ \$25/person for Dream walk, official walk medal and party pack

___ Free Dream Walk participant with disability includes official walk medal

Walk Team Name: _____

Event Schedule:

8:30am Park opens for Tailgate tent set up

10:00am 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

Team honoree with over 20 registered walkers will receive a free official walk t-shirt.

(Deadline August 7)

All mail in registration must be post marked before August 7, 2020

Online registration available at: <http://chasingdreams.org/dream-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: _____