



## Walker Registration & Donation Form

Checks Payable to SAAA

Write Walkathon on the Memo Line

Name of Walker: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_ I will be attending the breakfast and Walk.      \_\_\_\_ I have raised at least \$100.

### 15<sup>th</sup> Annual Generations Walkathon

**Raising Money to Provide the Full Array of SAAA Aging Services**

Shenandoah Valley Westminster Canterbury ▪ Saturday, April 21, 2018

Check-In 8:30 AM ▪ Breakfast 9:00 AM (Recognition & door prizes)

Walk 10:30 AM

Donor Name	Complete Address (City, State, Zip)	Amount	Cash	Check #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Continue on Back				

By April 12, please call 540 635-7141 x 1010 to register your attendance or turn in your completed form with donations at any Active Living Center or the main office for our breakfast count. Walkers raising \$100 or more and registered by March 22<sup>nd</sup> are guaranteed a commemorative gift at the Walkathon. Completed Walker Registration Forms with donations may be brought to the Walkathon, and last minute walk-ins are still welcome to come.

**\$43,000 Goal for SAAA's 43<sup>rd</sup> Year**

Donor Name	Complete Address (City, State, Zip)	Amount	Cash	Check #
11.				
12.				
13.				
14.				
15.				
	Total Donations From Front:			
	Total Donations From This Page:			
	Total Donations:			

Checks made payable to: SAAA, 207 Mosby Lane Front Royal, VA 22630  
 540-635-7141 or 800-883-4122 SAAA is a 501 (c) (3) nonprofit corporation.  
 Donations are tax deductible as allowed by law.

Walker Team Name if Applicable \_\_\_\_\_

Walker Waiver

By signing this form, I agree to hold harmless the Shenandoah Area Agency on Aging, Shenandoah Valley Westminster Canterbury and the corporate sponsors of this event from any liability for injury, harm, loss, damage or inconvenience sustained as a result of participation in the 2018 Generations Walkathon. I also give my permission to SAAA to use my name and/or photograph in connection with this event.

---

Participant's Name (Please Print)

(If under 18, please print child's name first and parent or guardian)

---

Participant's Signature (if under 18, signature of parent or guardian required)