



7708 New Utrecht Avenue, Brooklyn, NY 11214 \* 917-509-9055 \* [info@rcsprogram.org](mailto:info@rcsprogram.org)

*Reaching-Out Community Services, Inc.*

## **8<sup>th</sup> ANNUAL WALK & SUPPORT AGAINST HUNGER**

***Walking to Take Hunger Off The Table***

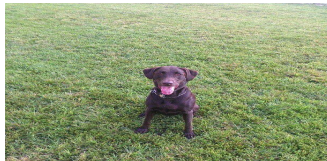
**Saturday, October 15, 2016**

**Location: Reaching-Out Community Services  
7708 New Utrecht Avenue \* Brooklyn NY 11214**

**REGISTRATION 11 am**

**Walk Starts at 11:30 am along 18<sup>th</sup> Avenue and return to 77<sup>th</sup> Street & New Utrecht Avenue**

**DOG LOVERS, JOIN JENA, OUR MASCOT AND ALPHA DOG,  
TO HELP FILL EMPTY BOWLS**



**Show you're School Spirit – Walk with your School Banner!  
Create A Team**

*An official Walk Against Hunger T-shirt will be given to participants who donates or raises \$25 or more on the day of the event!*

*Reaching-Out Community Services provides emergency food and other social services to low-income families, seniors, individuals and veterans in the Brooklyn Community.*

To learn more about this event or to print extra Walk Registration Forms, please visit our website @ [www.rcsprogram.org](http://www.rcsprogram.org). or visit our  event page “8<sup>th</sup> Annual Walk Against Hunger 2016”

***Don't Forget Tell Your friends About Our Brooklyn's Got Talent! Raise Your Voice Against Hunger CONTEST***  
***WINNER RECEIVES \$500 PRIZE***

**Participation Registration Form:**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Team /Individual Name/Pet Name: \_\_\_\_\_

**Contribution Registration Form:**

***Please bring this form and all contributions to the  
Registration Table on the day of the event!***

Name: _____ Email: _____	Address: _____ City: _____ State: _____ Zip: _____	Donation (cash/check)
Name: _____ Email: _____	Address: _____ City: _____ State: _____ Zip: _____	Donation (cash/check)
Name: _____ Email: _____	Address: _____ City: _____ State: _____ Zip: _____	Donation (cash/check)
Name: _____ Email: _____	Address: _____ City: _____ State: _____ Zip: _____	Donation (cash/check)
Name: _____ Email: _____	Address: _____ City: _____ State: _____ Zip: _____	Donation (cash/check)
Name: _____ Email: _____	Address: _____ City: _____ State: _____ Zip: _____	Donation (cash/check)
Name: _____ Email: _____	Address: _____ City: _____ State: _____ Zip: _____	Donation (cash/check)
Name: _____ Email: _____	Address: _____ City: _____ State: _____ Zip: _____	Donation (cash/check)

**Waiver:** In consideration of being permitted to participate in Reaching-Out Community Services Walk Against Hunger 2016 event, I hereby for myself, my heirs, my pet and my personal representatives assume any and all risks that might be associated with the event.

I \_\_\_\_\_ on behalf of myself, my child, my pet and any person who might seek to recover damages for injury to me, my child or my child's property or my pet, further waive, release, discharge and covenant not to sue or make claim against Reaching-Out Community Services, Milestone Park, the City of New York, or any of their officers, affiliates, employees, sponsors, organizers, members, volunteers or other representatives or their successors and assigns, for any and all injuries, including personal injury or death, or damages of any kind whatsoever, caused or incurred by me relating in any way to my participation, of my child or my pet in the event or in any related activities. I also agree to the use of any photo film, or videotape of the event, and of my or my child's name or pet's name, voice, picture and portrait for any purpose. I also give my full permission for such first aid as deemed necessary to be provided to me, my child or my pet on the premises or prior to transport to a hospital for further treatment.

Participant/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_