



FEEDING THE NEED ANNUAL HOMELESS SLEEPOUT

FRIDAY, February 1st, 2019

REGISTRATION FORM

(Please Print Legibly)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

LIABILITY WAIVER

I, the undersigned, understand that I am fully responsible for any and all liabilities caused by, or concerning me, during this event. I further agree that I understand that any sponsor of this event shall not be held liable in any event or under any circumstances.

SIGNATURE: _____

(Adult Signature Required for Minors)

DATE: _____