



NFJC Walker Check-In Form

Please complete this form for your Team Captain and submit the day of the Walk. This form may also be faxed in ahead of time to: The NFJC of WNY, Inc. (716) 852-0046.

Last Name _____ First Name _____ MI _____

Mailing Address _____ Apt/Unit _____

City/Town _____ State _____ Zip Code _____ Phone _____

E-Mail _____

Employer/School/Org. _____

I am Walking as (please check): A Team Member An Individual Walker

Team Name _____ Team Captain _____

How Many Years have you participated? _____ My Company has a matching gift program _____ Yes _____ No

WAIVER: I hereby waive all claims against the NFJC of WNY, Inc., event sponsors, and personnel for any injury I might suffer at this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotion of this event.

Signature _____ Date _____

Funds raised: \$ _____ Total submitted: \$ _____ Total outstanding: \$ _____

T-Shirt Size (for those who raised \$50+): S M L XL XXL

Hat received (for those who raised \$100+): Yes _____