Pledge Form	Please make checks payable to " <u>Walk for Hope</u> "	e to " <u>Walk for Hope</u> "
Sponsor Sp	Sponsor's Address and Phone	Pledge Amount Information
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Additional pledge forms available at www.He	www.HopeAlaska.org. Total Pledges Collected: §	

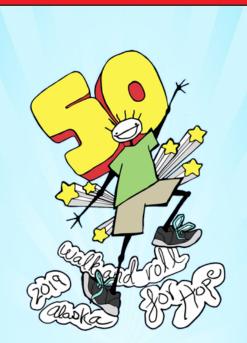


Alaska. AIRLINES





50TH ANNUAL



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50 YEARS OF FUN... AND COUNTING!

All of the money that you help raise through the Walk & Roll for Hope stays in the state assisting Alaskans. For 50 years, the Walk & Roll for Hope has helped individuals who experience disabilities and mental health needs.



EVENT INFORMATION

There is a \$30 registration fee, per person, to participate. On May 4, bring your registration form and all collected donations. The event will start and end at Baranof Track. Check-in begins at 9:30 AM with the walk starting at 10:00 AM.

Walkers, bikers, and rollerbladers will enjoy the just under 3 mile route and then are invited to joins us for a post walk BBQ at our office located at 917 Mill Bay Road (Castle Rock Building).

For more information, please contact us at:



WALKING & ROLLING IS EASY

- Set Your Goal Aim High! Set a fundraising goal and email your relatives, friends, neighbors, teachers, co-workers, businesses, etc. for support. You'll be surprised how easy it is to reach your goal.
- Form a Team Get your friends and family involved. Make a day of it, have a super time and do something good for your community.

WALK & ROLL FOR HOPE SHIRTS

Raise \$75.00 or more and receive the official 50th Annual Walk & Roll for Hope T-shirt FREE, designed by Katherine Pugh and printed by Alaska Serigraphics! Raise \$500 and also get a hoodie!

EVENT INFO

Every dollar raised in Kodiak will directly support your community members who experience a disability.

Our mission of support is based on an individualized approach, believing that each person has unique needs and must be the chief architect of their own service delivery plan. By listening to the dreams of the individuals and families who choose our supports, we are able to provide unique opportunities, create new living environments, and expand programs that fully encompass the needs of families. As a result, our community supports are as diversified and as personalized as the dreams of each person.

Name	Minimum \$30 Registra
Mailing Address	or any personnel for any inju
	responsibility to utilize prote
City, State Zip	operating a bicycle. I grant 1
	media of me in legitimate acc
Daytime Phone Team Name (if applicable)	
	Participant Signature (F
E-Mail Address	Total Pledaes
	turned in
Connection to Hope (i.e. employee, family member, volunteer, etc.)	En Official Ilea Only
	(amount turned in)

WALVER: Thereby waive all claims against Hope Community Resources, sponsors	or any personnel for any injury I may suffer during this event. I understand that it is my	esponsibility to utilize protective equipment when necessary. I agree to abide by all city ordinances, including the Bike Helmet law requiring all riders under 16 wear a helmet when	pperating a bicycle. I grant full permission to Hope to use photographs, video and other	itimate accounts and promotions of this event.	The any personner for any injury 1 may surer ouring unservent. 1 understand that it is iny esponsibility to utilize protective equipment when necessary. I agree to abide by all city ordinances, including the Bike Helmet law requiring all riders under 16 wear a helmet when operating a bicycle. I grant full permission to Hope to use photographs, video and other media of me in legitimate accounts and promotions of this event.
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rent/Guardian signature required if under

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Pledges left

to collect

Initials

tion Fee Required