

**WALK TO HELP
FEED THE HUNGRY!!!
ON SATURDAY, MAY 6, 2017**

**21st ANNUAL
OXON HILL FOOD PANTRY WALKATHON
SPONSORED BY THE INTERFAITH COMMUNITY ACTION COUNCIL (ICAC)**

REGISTRATION AND WALK: OPEN FROM 9 AM TO NOON
Walkers and runners are welcome.

LOCATION TO SIGN-IN & PARK:
TUCKER ROAD ICE RINK
1770 Tucker Road
Ft. Washington, MD 20744

WALK THE HENSON CREEK TRAIL:
This trail runs 2 miles out from the starting point so you can walk up to 4 miles or any lesser distance that you desire.

Minimum of \$10 or 10 lbs. of non-perishable food.

Any additional amount over minimum is welcomed and appreciated.
You may bring donated food to the walkathon registration area or arrange for a drop-off at the food pantry.

TO REGISTER or CONTRIBUTE: Fill out a registration form.
If needed please use additional registration forms for any additional sponsors and mail with check or money order to:

ICAC-OXON HILL FOOD PANTRY WALKATHON
P.O. Box 0934
Temple Hills, MD 20757-0934

COMPLETE & RETURN REGISTRATION BY MAIL before APRIL 22nd 2017.
Registrations not mailed by APRIL 22nd will be taken on site the day of the walk.

FOR ADDITIONAL INFORMATION or TO VOLUNTEER:

Web Address: www.ohfp.org

Email address: oxonhillfoodpantry@gmail.com

Follow us on Facebook: **OXON HILL FOOD PANTRY**

21st ANNUAL OXON HILL FOOD PANTRY WALKATHON REGISTRATION

**DATE OF WALK: SATURDAY, MAY 6, 2017
REGISTRATION TABLE OPENS AT 9 AM AND ENDS AT NOON**

PLEASE MAIL IN YOUR REGISTRATION AND SPONSOR PLEDGES AS SOON AS POSSIBLE.
DEADLINE FOR MAIL-IN REGISTRATIONS IS APRIL 22, 2017
REGISTRATIONS COLLECTED **AFTER APRIL 22nd WILL BE TAKEN ON SITE MAY 6th**

NAME OR TEAM	Phone	Church or Group Affiliation
ADDRESS		
CITY	STATE	ZIP
EMAIL		

I will be: () Walking as an individual (\$10 walker registration)
 () Individual Donor; not walking or acting as a sponsor
 () Business Donor

Enter Amount of Walker/Individual/Business Donor or Team Pledge:

() \$10 () \$25 () \$50 () \$100 () *Other* \$ _____

All sponsors/walkers will receive a thank you letter which serves as a receipt for tax purposes.

**Please make checks or money orders payable to: ICAC-Oxon Hill Food Pantry Walkathon.
Mailing address is PO Box 0934, Temple Hills, MD 20757-0934
Or pay by Paypal at our website ohfp.org**

SPONSOR'S NAME (please print)	Complete Address including zip & e-mail	Phone Number	lbs. Food Donated	\$ Amount Donated
1	_____			
2	_____			
3	_____			
4	_____			
5*	_____			
TOTAL (including walker/individual/business donation)				

In consideration for accepting this entry, and intending to be legally bound, I, for myself, my heirs, executors, administrators, and assigns, hereby waive and release any and all claims for damages which I may have now or hereafter against the Walk-A-Thon sponsors, contributors, or beneficiaries or their employees, volunteers, directors or agents, or any other party or person connected with the sponsorship, organization, or conduct of the 2017 Oxon Hill Food Pantry Walkathon. I attest and verify that I have determined that I am physically fit to participate in this event. I grant full permission for the use of any photographs, film, or videotapes of this event and my participation therein for any purpose.

SIGNATURE (All walkers must sign. Walkers under 18 require parent/guardian signature)

** For additional sponsors please use additional registration forms*