## **Lions Journey for Sight Walk**

A Walk to Benefit Leader Dogs For The Blind and PA Lions Sight Conservation Foundation



Name of Club:  Name:  Address:  Zip:  Phone:		Register 8:00 – 8:30 AN	Register 8:00 – 8:30 AM Walk 8:30 – 9:30 AM		
Print Name	Phone	Address	Amount Pledged	Amount Collected	
		Total:			
connected with this event are thereof. In this connection, I	and Lions Clubs, its I e not to be held resp hereby waive any cl	f \$10.00 or more.  local agencies, Vendors, Location of the walk and all other onsible for any injuries which I may suffer while taking paim for damages to my person or property.  e this form signed by a parent or guardian.			
Participant's Signature	Date	Parent's Signature			