

JOIN US! Enjoy food, fun and entertainment! A Light Lunch will be provided by Subway.
Sign up to reserve your T-shirt and participate to support our patients!

**Participating kidney dialysis patients will receive one complimentary lunch,
& one \$10 Gift Card (Gift Card limited to the 1st 10 Patients to register)**

NAME _____ **ADDRESS** _____

PHONE _____ **CITY, STATE ZIP** _____

____YES! I would like to participate! I will turn in my pledges on or before March 22th.
Reserve my T-Shirt Size (Please Circle): Small Medium Large X-Large XX-Large

____YES! I will be eating lunch. Total Number Attending _____ Total Number of Kidney Patients _____

* I will pay the **\$5.00** at the door for lunch **OR** I will raise at least \$50.00 in pledges to earn a complimentary lunch.

____No, I cannot participate in the walk this year. Please accept this donation toward your cause.

To reserve your T-shirt send this registration form to Kidney Foundation by March 10, 2009.

Any questions call (419)329-2196 ~ 3100 W. Central Ave., Suite 250 Toledo, OH 43606

Thank You for Supporting the Kidney Foundation of Northwest Ohio's

In consideration of the acceptance of my entry in the Kidney Foundation of Northwest Ohio's Kilometer's for Kidneys, I do hereby for myself, my heirs, executors and administrators, waive release and forever discharge any and all rights and claims for damages which I have or which may hereafter accrue to me, against the Kidney Foundation of Northwest Ohio and all other sponsors and all other persons connected with the event, individually or collectively, from all responsibilities for any injury to person or property during this event. I give my full permission to Kidney Foundation of Northwest Ohio to use any photographs, videotapes, or other recordings of me that are made during the course of the event. I am physically fit for this walk.

7th Annual KILOMETERS FOR KIDNEYS

The Kidney Patient who has the most people walking to support them will receive a special prize.

Walking in support of _____ (Patients Name)

Signature _____ Parent or Guardian if under age 18 _____ Date _____
(Required to process)

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Email _____

Sponsor's Name	Amount Collected
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
8. _____	\$ _____
9. _____	\$ _____
10. _____	\$ _____
11. _____	\$ _____
12. _____	\$ _____
13. _____	\$ _____
14. _____	\$ _____
15. _____	\$ _____
16. _____	\$ _____
17. _____	\$ _____
18. _____	\$ _____
19. _____	\$ _____
20. _____	\$ _____

\$ _____ Total Collected