"FREEZIN' 4 REASONS" ©

FRIDAY – MARCH 23, 2018 – 2:00 P.M. TO 11:00 P.M.
MARINETTE & PESHTIGO SCHOOL DISTRICT YOUTH PROJECT
FOR HOMELESS FAMILIES

5th Graders through College Students --- Please Ask friends, family, co-workers, etc to be a financial sponsor and help us raise funds PRIOR to the EVENT to assist our area homeless and to assist those families that we can help AVOID becoming homeless! Local Businesses hopefully will match your PRE-EVENT $$$ -- Preferred DEADLINE for $$ is Friday March 23rd 2:00 p.m.—Will accept $$ and sponsors at door

Please return this form and Pre-Event money PRIOR to the EVENT to your Designated Group Leader, if you are representing a group or a school before the event or DROP off at 1113 Elizabeth Avenue insert in mail slot in front of house .

SITE: NWTC North Coast Marine Tech Training Center on Main Street – Marinette WI next to Marinette Fire Station.

Contact Adult Advisor at jmharper1964@gmail.com or text 715-923-9549 with questions.

Registration & checks to be made payable to: SVdP SJC (St Joseph SVdP Conference) NO OUTSIDE BEVERAGES ALLOWED!

SVdP St Joseph Conference will act as receiver of funds. A designated group will make the determination for distribution of funds to (i.e., but NOT limited to: Haven of Hope, Abundant Life, Rainbow House , Salvation Army, NEWCAP or SVdP St. Joseph Conference) to assist our area homeless families and to assist those families that are in need so we can help them to AVOID becoming homeless! Federal, State and other local dollars will be utilized or applied for PRIOR to the use of funds raised from this event.

Participant:_____ **TEAM Name:** _____
First Middle Last (Business, School, Organization, Family)

Home PHONE:_____**Mobile:**_____**EMAIL**_____**@**_____

ADDRESS:_____
Street City State Zip

AGE: ____ **Grade/if middle or high School student:** ___ **Sex: M F**

If employed, Will your employer Match your donations? YES NO EMPLOYER_____**CONTACT:**_____

Name (COMPLETE ALL INFO)	Address	City	ST	$ 5	$10	$15	Other	Matching
For additional sponsors, please add sheets.	Make checks payable to: **SVdP SJC**	TOTAL (this page)		$	$	$	$	$

In consideration of the furtherance of your purposes, objectives and work and in considerations of your permitting me to participate in the "Freezin' 4 Reasons"– on behalf of my myself, my heirs, executors, administrators and assigns, by submitting this form or by participating in this event, I hereby waive and release any and all rights and claims for damages that I may have against you, the municipalities through which "Freezin' 4 Reasons" will take place, as well as any other person connected with the Freezin' 4 Reason, their heirs, executors, successors and assigns fore any and all injuries that I may suffer while taking part in the "Freezin' 4 Reasons" or as a result thereof. (Also Please Read and Sign Picture Release on BACK SIDE of this Registration Form.)

_____ **Participant's PARENT/GUARDIAN Signature**

MUST BE SIGNED – Minors under 18, will not be able to participate without a Parent/Guardian signature.