

Date of Birth _____ Age ____ Sex ____
Name _____
Mailing Address: _____

City _____ State _____
Zip _____ Phone _____
School _____

MAY 1, 2021
45th HIKE/BIKE/RUN for VALLEY HAVEN
~ PLEDGE SHEET ~
Valley Haven School
6345 Fairfax Bypass – P O Box 416 Valley, AL 36854
Phone: 334-756-2868 Fax: 334-756-7801
Email: valleyhaven@valleyhavenschool.org

Mark Event in Which You Will Participate:
ALL TIMES ARE EASTERN
Special Event # miles _____
8:00 a.m. ET (J. Carmack _____
Walk from West Point) _____
8:30 a.m. ET (5 Mile Walk) _____
8:30 a.m. ET (1 Mile Walk) _____
9:00 a.m. ET (10 Mile Bike) _____
9:00 a.m. ET (20 Mile Bike) _____

PLEASE REMIND ALL OF YOUR SPONSORS THAT PAID PLEDGES ARE TAX DEDUCTIBLE.			All checks should be made payable to Valley Haven School.			If you turn in pledges of \$50.00 or more you will receive a Free Hike/Bike/Run T-Shirt.			
	Sponsor's Name (Please Print)	Sponsor's Mailing Address (Please Print)	City	St	Zip	Phone	Total Contribution (Pledged)	Amount Already Collected (PAID)	
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
TOTAL							PLEDGED	PAID	

Registration/Release Consent: In consideration of the furtherance of the purposes, objective, and work of Valley Haven School and The Arc of the Chattahoochee Valley, Inc., and in consideration of their permitting me to participate in the Hike/Bike/Run on behalf of myself, my parents, my heirs, executors, administrators and assigns, I or we hereby wave and release any and all rights and claims for damage, which I or we may incur against Valley Haven School or The Arc of the Chattahoochee Valley, Inc., as well as any other injuries which I may suffer while taking part in the event or a result thereof. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit to participate in this event.

Participant's Signature (if 18 or older) _____ Date _____ Parent's Signature (if under 18) _____ Date _____