

PARTICIPANTS for BRIDGE BASH 2015

Big Spring Park / Saturday, September 26th ~ 10 am to 7 pm

Participant #1: _____

Participant #2: _____

Participant #3: _____

Participant #4: _____

Participant #1's Mailing Address _____

E-mail Address _____ Phone # _____

Representing a Food Bank Agency? Agency Name _____

Check one:

_____ I plan to "Stand Up for Hope" on the Bridge _____ I plan to "Sleep In for Hope" (no T-Shirt)

_____ I would like to SPONSOR # _____ participants to "Stand Up for Hope" (each \$20 donation sponsors one participant)

Each participant on the bridge will receive his/her t-shirt at the registration table prior to the bridge ceremony.

_____ No T-Shirt - please use the T-Shirt money for more meals.

_____ I would like a T-Shirt to "Stand Up for Hope" I will need the following size(s)

_____ S _____ M _____ L _____ XL _____ XXL _____ XXXL

(1 T-Shirt per participant donation of \$20, please indicate the number of each size needed)

100% of Participant donations go toward hunger relief efforts in north central Arkansas.

Every \$1 raised through Bridge Bash Participants **provides 5 meals for those in need!**

Our Goal is to Provide 500,000 Meals in Just One Day!

We need Volunteers At Bridge Bash!

I would also like to Volunteer at Bridge Bash 2015! Please call me at _____

Building bridges from hunger to hope



Pre-registrations **MUST** be postmarked by September 7th to:

Food Bank of North Central Arkansas

PO Box 128

Norfolk, AR 72658

Make Checks Payable to: Food Bank of North Central Arkansas

Write: "I Stand for Hope" in the memo

You may also register the day of the event.

On behalf of myself and my heirs, I indemnify and hold harmless The Food Bank of North Central Arkansas, its employees, trustees, volunteers, coordinators, participants, equipment providers, and Agencies from any and all costs, liabilities and claims, of every kind and nature whatsoever, arising directly or in-directly, from my participation in activities or use of services, including any legal costs and expenses and the costs of medical or other expenses incurred for my benefit. I give my permission for FBNCA to use my/my child's photo for publicity purposes.

Participant #1 Signature _____

Participant #2 Signature _____

Participant #3 Signature _____

Participant #4 Signature _____



#BridgeBash2015 or #Stand4Hope