

# Robert Frost Middle School

## Helping Hands Mini Walk for the Homeless

Proceeds to benefit Stepping Stones Shelter

DATE: WEDNESDAY MAY 27<sup>th</sup>

TIME: 2:45pm -3:45pm

**DONATIONS: \$10 Checks payable to Stepping Stones Shelter**

**SSL HOUR WILL BE EARNED FOR WALKING**

Please fill out the registration form below and drop at the Frost MS office

Contact for information: Debbie Sokobin [debsokobin@yahoo.com](mailto:debsokobin@yahoo.com) Laurie Parr [laurieparr@aol.com](mailto:laurieparr@aol.com)  
Susan Avjian [therapymom@gmail.com](mailto:therapymom@gmail.com)

I \_\_\_\_\_ in grade \_\_\_\_\_ at RFMS will be walking to help the Homeless on May 27<sup>th</sup> (right after school).

Check those that apply:

I have included my donation of \$10 (checks made to Stepping Stones Shelter)

I will add an additional amount \_\_\_\_\_ to support the Homeless.

I'm interested in supporting the Homeless in the amount of \_\_\_\_\_ I will not be walking

Parent or Legal Guardian \_\_\_\_\_

Parent or Legal Guardian address \_\_\_\_\_

Parent or Legal Guardian Daytime phone \_\_\_\_\_

### Waiver and Release

I have full knowledge of the risks involved with, and understand that I could be injured during the Helping Hands Homeless Walk. I agree to assume all risks of such injury. I unconditionally release and discharge Robert Frost Middle School and all other persons and entities involved with this event from any and all claims, damages, and expenses that may arise directly or indirectly from my participation in this event. Your child will be participating in a fundraising walk to benefit the Stepping Stones Shelter. This activity will require walking approximately one-half a mile on the grounds of Robert Frost Middle School and Wootton High School. This activity will take place under the guidance and supervision of parent volunteers\*.

Because the event takes place during after school hours, students must either take the activity bus or schedule rides home with parents. Please sign the permission form and return to the school office by May 20, 2009.

Sign here \_\_\_\_\_

I understand and agree to the waiver and release

\*I am interested in being a parent volunteer on May 27<sup>th</sup>. Contact me at:

Name \_\_\_\_\_

email \_\_\_\_\_ phone# \_\_\_\_\_