



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WALK WITH US REGISTER NOW TO END HOMELESSNESS

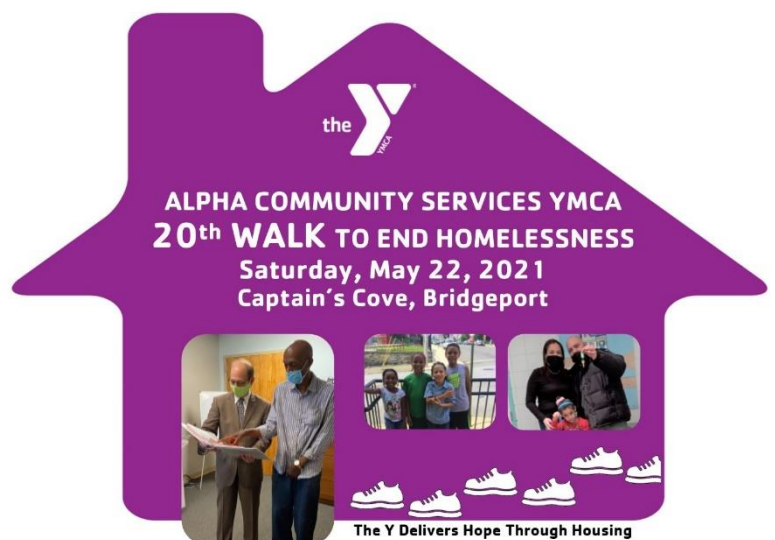
## ALPHA COMMUNITY SERVICES YMCA 20th WALK TO END HOMELESSNESS

When: SATURDAY, MAY 22, 2021 • REGISTRATION: 8:30AM • WALK: 9:30AM  
What: 4 MILE WALK – MASK WEARING, SOCIALLY DISTANCED – RAIN OR SHINE  
Where: CAPTAINS COVE SEAPORT, 1 Bostwick Avenue, Bridgeport CT

While our in-person event will feature physically distanced activities and be in accordance with CDC and State and Local Health Department recommendations, the Y aims to provide an inspirational and motivating morning to help raise awareness and donations so that everyone in the community can help the Alpha Community Services YMCA to end homelessness.

### Three ways to Register:

- **Register on-line.** Visit us at [www.alphacommunityservicesymca.org](http://www.alphacommunityservicesymca.org)
- **Send us your registration.**  
Email: [mvalentin@cccymca.org](mailto:mvalentin@cccymca.org)  
Fax: 203 367 1246  
Mail: 387 Clinton Avenue,  
Bridgeport, CT 06605
- **Register at the Walk.** Registration will be available starting at 8:30am at the Walk.





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Please complete our Walker Waiver for each walker below as indicated.

<b>Alpha Community Services YMCA 2021 Walk to End Homelessness Waiver</b>				
<b>Walker Name</b> _____		<b>Date of Birth</b> ____/____/____		
<b>Street Address</b> _____				
<b>City</b> _____		<b>State</b> _____		<b>Zip Code</b> _____
<b>Phone Number</b> _____		<b>E-Mail</b> _____		
<p>In consideration for accepting this entry, I, the undersigned, intending to be legally bound, here-by for myself, heirs and executive administrator, waive and release any and all rights for damages I may have with the Walk to End Homelessness and verify that I am physically fit to undertake the Walk which I shall do.  <b>Walkers under the age of 18 years old, must have signature of parent or guardian.</b></p>				
<b>Walker Signature</b> _____		<b>Today's Date</b> ____/____/____		
<b>Parent or Guardian Signature (if under 18)</b> _____				
<b>Emergency Contact Name</b> _____		<b>Phone Number</b> _____		

**Please specify if you would like someone to contact you:**

- I would like more information on how I can volunteer.
- I would like to get more information on the Walk to End Homelessness.
- I would like someone to contact me regarding sponsorship opportunities.

**Are you walking as part of a team? If so, please indicate team name** \_\_\_\_\_

- I would like someone to contact me regarding team registration.

**Please indicate your desired method of payment, all payments are due prior to the day of the event.**

- I would like to pay the \$25 for each registered walker.
- I would like to make a donation in the amount of \$\_\_\_\_\_.
- Check (payable to the Alpha Community Services YMCA)
- Credit Card (Visa/Master Card/AMEX) Please call the Y at 203 366-2809 to provide credit card details.

**T-Shirts for the first 150 Walkers registered. Circle one of the following sizes:**

Youth Medium, Youth Large, Adult Small, Adult Medium, Adult Large, Adult XL, Adult XXL.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**All contributions are tax deductible. 501c3 forms are available upon request.**

<b>Support a Walker</b>				
<b>Supporter Name</b>	<b>Address</b>	<b>Phone</b>	<b>E-mail</b>	<b>Amount</b>