BRIDGE BASH 2012

Big Springs Park, Cotter Saturday September 22nd 9 a.m. to 4p.m.

PARTICIPANT REGISTRATION FORM

Building bridges from hunger to hope

Food Bank OF NORTH CENTRAL ARKANSAS

Check one:

_____ **Team:** #_____ participants on my team. (receives t-shirt / indicate sizes for each team member)

_____ **Individual:** I plan to "Stand Up for Hope" on Saturday September 22, at 9:00 a.m. (receives t-shirt)

_____ **Virtual Participant:** I plan to "Sleep In for Hope" on Saturday September 22.

_____ I would like to **sponsor** # _____ participants to "Stand Up for Hope" for me.

(Each $20 donation sponsors one participant)

Bridge Bash registration will be on the Baxter County side of the bridge.
Please indicate how many t-shirts of each size that you/your team needs below.
Each participant will receive his/her t-shirt at the registration table prior to the ceremony.

____ Child M ____ Child L ____ S ____ M ____ L ____ XL ____ XXL ____ XXXL

Name _____ **Team Name** _____

Mailing Address _____

E-mail Address _____ **Phone #** _____

Representing a Food Bank Agency? Agency Name _____

100% of Participant donations
go toward hunger relief efforts In North Central Arkansas.

Every $1 we raise through Bridge Bash Participants.
provides 5 meals for those in need.

Our Goal is to Provide 250,000 Meals in Just One Day!

Registrations Received by July 15, Guaranteed T-shirt.

Please Post Mark Registrations by September 10th.

All other Registrations will be accepted at the Bridge.

Please Return Completed Form to:
The Food Bank of North Central Arkansas
PO Box 128
Norfork, AR 72658
Make Checks Payable to:
The Food Bank of North Central Arkansas
Write: *"I Stand for Hope" in the memo*

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 indirectly, 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. **X**_____

Participant Signature