

2025 SPECIAL NEEDS AWARENESS WALK

Phone #: _____

EVENT INFO:

When: Friday, Oct. 10, 2025 - Registration 9:45am-10:15am, Walk Starts at 10:30 am.

Where: : Registration will begin at the Logan County Chamber of Commerce Porch

Contact: Logan County Chamber of Commerce, Hours: Mon-Thu 8am-5pm Fri: 8am -3pm, Phone

(270) 726-2206

Email: <u>abby.nash@LoganChamber.com</u> Website: <u>www.LoganChamber.com</u>

ENTRY INFO:

There is no cost to participate in this event. Simply fill out the form below and return it to the Chamber.

Limited qty of FREE t-shirts available for Special Needs participants only, on a first come, first served basis. Additional Shirts can be purchased for non-Special Needs Participants.

APPLICATION:

Name:

Address:	
Email Address:	
FREE Shirt Size (Special Needs Participants ONLY): □ Med □ Large □ X	Llarge □ aVI □ aVI
TREE Shift Size (Special Needs I articipants ONLI). \(\text{I} \) wied \(\text{Large} \) Large	-Large 2AL 3AL
Shirt Purchase- \$10 each: \square Med \square Large \square X-Large \square 2XL (+\$2) \square 3X	L (+\$2)
In consideration of the acceptance of this entry, I for myself and acting as responsible party to the participant in	
this race, my executors, administrators, and assignees, do hereby release and disc	charge all sponsors and
individuals assisting in the presentation of this walk from all claims and damages	s, demands, and actions,
whatsoever in any manner rising or growing out of participating in said athletic e	vent. I attest and verify that I
have full knowledge of the risks involved in this event and the participant I am re	gistering is fit to participate.
Name & Signature of Parent or Legal Guardian:	Date: