MALTA's 20th Annual Samaritan Swim

REGISTRATION FORM
(ALL Participants must register)

For Office Purposes Only:

Registration Number:

Less Cash Received:

Participant information:

Name: _____

Address:_____

Phone: _____ Email: _____

Date of Birth:_____ Tee Shirt Size (unisex)_____ **(for our ordering purposes)**

Emergency Contacts (2 please):

Name: _____ Name: _____

Phone: _____ Phone: _____

Waiver of Liability:

I, _____, hereby agree to release and hold harmless all parties connected with the Samaritan Swim from any and all claims, demands, actions, causes of action, rights, damages, or injuries of every kind and character arising either directly or indirectly out of my participated in the Samaritan Swim.

Signature: _____ Date: _____

Swimmers under the age of 18 must have a parent or guardian sign this release form

Photo waiver:

I, _____, hereby agree to allow MALTA, Inc. to publish or otherwise distribute printed material containing photos of me as a participant in the 20th annual Samaritan Swim.

Signature: _____ Date: _____

Swimmers under the age of 18 must have a parent or guardian sign this release form

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PLEDGE SHEET

Benefit the Homeless & Needy of Southeastern Connecticut

January 1, 12 noon Eastern Pt Beach, Groton

*** HELP RAISE MONEY FOR MALTA*** *** TOO COD TO GO IN? – COME ANYWAY TO CHEER ON THE SWIMMERS!***

PARTICIPANT'S NAME_____

Donor Name	Address	Telephone/Email	Receipt Needed?	Amount pledged	CASH Received	CHECK Received

REGISTERED PARTICIPANTS COLLECTING AT LEAST $50 WILL RECEIVE A FREE T-SHIRT. Please make checks payable to: Malta Inc

Pledge Totals

PLEASE MAKE ADDITIONAL COPIES OF THIS SHEET AS NECESSARY

I am unable to participate in the Samaritan Swim but I would like to make a donation.
Enclosed is my check or money order or mail to Malta Inc.,20 Grove Avenue, Groton, CT 06340 ☐

Amount turned in on 1/1/20 ☐

Malta, Inc is recognized by the IRS as a 501(c)(3) tax-exempt organization. All donations are fully tax deductible to the extent provided by law.