

Gus Thornhill Scholarship Fund, Inc.

in Partnership with East Point Parks and Recreation

Presents "Walk it out 4 Education"

Saturday, October 18, 2025 at Sykes Park

Registration Begins 8:00 am ~ Walk Begins 9:00 am



| FIRST NAME: | LAST NAME: | | | | |
|---|--------------------|------|--|--|--|
| ADDRESS: | | | | | |
| CITY: | STATE: | ZIP: | | | |
| HOME PHONE: | _ CELL/WORK PHONE: | | | | |
| EMAIL ADDRESS: | | | | | |
| 3 mile walk beginning and ending at Sy Free Continental Breakfast to all register | • | ive) | | | |
| • Participants must register by October 3rd to receive a commemorative T-shirt. | | | | | |

One entry form per person Entry fees are non-refundable and non-transferable. Do not send cash Pay by check/money order payable to: GUS THORNHILL SCHOLARSHIP FUND, INC P.O. BOX 90396 EAST POINT, GA 30364

Team Rate Available = A group of **5** can walk for \$25.00 each (\$125.00 total) Application can be submitted online at www.gusthornhillscholarshipfund.org

| T-SHIR | Γ SIZE (Check One): | ☐ Medium | ☐ Larg | ge | Extra Large | Other size |
|--|--|----------|--------|----|-------------|------------|
| General Fee: \$35.00 (walk day registration available) | | \$_ | | | | |
| Team Rate: | Rate: \$25.00 (rate for each team member of 5) | | \$_ | | | |
| Team Name: | | _ | | | | |
| Additional Contribution: | | \$_ | | | | |
| TOTAL AMOUNT ENCLOSED: | | \$_ | | | | |

In consideration of this entry in the Annual Gus Thornhill Scholarship Fund, Inc., "Walk It Out 4 Education." I waive any and all claims for myself and my heirs against board officials, sponsors, and volunteers of this event for injury or illness which may result directly or indirectly from my participation. I further state that I am in proper condition to participate in this event. I give permission to authorize emergency treatment if necessary. I will permit the use of my name and/or picture for any broadcast, telecast of other account of this event.

This event will occur rain or shine. However, the Board reserves the right to cancel this event in extremely severe circumstances. If this event is cancelled, you may request a refund or a tax-deductible contribution statement.

| Signature | (if under 18 years, Parent/Guardian Signature) | Date |
|-----------|--|------|