



**Corliss 5K Walk**  
**Saturday, September 25, 2010**  
**Your Choice of**  
**10:30 AM or 1:30 PM**  
**The Corliss Institute, Inc.**  
**290 Main Street**  
**Warren, RI 02885**



**Walk to support independent living for Deaf adults  
 with developmental disabilities**

*Participant's Full Name*.....  
*Address*.....  
*Telephone*..... *Email*.....

I am participating in the Corliss 5K Walk along the East Bay Bike Path. Please sponsor me for any amount that you are willing to contribute. The donation of cash or check will be collected prior to the event. Please make checks payable to The Corliss Institute. All contributions are tax-deductible.  
 I am unable to participate but please accept my donation. Thank you for your generosity!

	Name of Sponsor	Address (Street, City, State, Zip)	Donation amount	*Matching Gift	Total
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

I understand that my participation in The Corliss 5K Walk is voluntary and at my own risk. I agree that The Corliss Institute, Inc. and its employees will not be responsible for any loss of property or bodily injuries that may occur during this event. I attest that I am physically fit to participate in this event. I also give permission for the use of my name and/or photo or video to be used by The Corliss Institute, Inc.  
 Signature.....Parent's signature.....  
(If under the age of 18)

**\*Matching Gift Information**

Sponsor's Name	Company	Contact Info

**For more information or sponsorship forms please contact Holly Williams at  
 245-3609 or 245-2223 TTY or [holly@corliss.org](mailto:holly@corliss.org) or visit [www.corliss.org](http://www.corliss.org)  
 Please bring sponsorship forms & collected donations the day of the 5K Walk.**

**Raise \$50 and pick a prize from our TREASURE CHEST!**