

# MALTA'S 23<sup>rd</sup> Annual SAMARITAN SWIM

to benefit Homeless People of Southeastern Connecticut

## PLEDGE SHEET

January 1, 12 noon Eastern Pt. Beach, Groton

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

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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 <input type="checkbox"/>
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Amount turned in  
on 1/1/23

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**Participant Information: REGISTRATION FORM (ALL Participants must register)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

For Office Purposes Only:

Registration Number: \_\_\_\_\_

Pledges Received: \_\_\_\_\_

Pledges Outstanding: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**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: \_\_\_\_\_

***Participants under 18 years old 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 23rd annual Samaritan Swim.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Participants under 18 years old must have a parent or guardian sign this release form.***