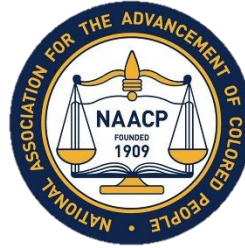




Dr. Martin Luther King Jr. Day  
**CELEBRATION**  
 January 20, 2020



Send Payments to:  
 NAACP Clearwater | Upper  
 Pinellas County Branch  
 P.O. Box 2073 Clearwater, FL 33757  
 (727) 307-4865  
 NAACP5096@gmail.com

**BREAKFAST & MARCH REGISTRATION FORM**

Entry Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact # \_\_\_\_\_

Will you or your Organization be participating in the?  Breakfast  March  Rally  All

# of people to March? \_\_\_\_\_ # of Vehicles? \_\_\_\_\_ Trucks? \_\_\_\_\_ Other? \_\_\_\_\_

Interested in transporting Disabled or Seniors during the March?  YES  NO

**Check appropriate box**

	Type	Price	Total
Breakfast Ticket Options	Individual	\$5/person	
	Table	\$50/Table of 8	

*(A \$5.00 convenience fee will be assessed on all credit or debit card payment processing)*

NAACP T-Shirt	Price	Size(s)	Total
	\$20/each		

**AGREEMENT (Please read and sign):**

I agree that all participants in my entry will abide by all rules and regulations. Also, I hereby acknowledge that the above entry is eligible and hereby agree to release and hold harmless the NAACP Clearwater | Upper Pinellas County Branch, and/or of their affiliates or agents from any loss, damage or injury resulting from participation of the above entry in this March and/or Rally. I also understand that the March/Rally will go on, regardless of weather conditions.

The NAACP Clearwater | Upper Pinellas County Branch, its members and agents are also hereby authorized to publicize and use, as they may deem appropriate, all photographs, descriptions and information submitted by participants, their managers or agents and to use and publicize by video, tape, motion pictures, photographs or other means the entrants performance and participation in this event.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

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