

**Lake Mayer Park Pavilion  
October 30, 2021**

**Check in begins at 10 am  
Walk takes off at 10:30 am**

The walk will begin at the Large Open Air Pavilion, following the paved path around the Lake and end back at the Pavilion. The Walk is 1.5 miles of paved path. Kid Friendly, Family Event. Each walker will receive a medal and goodie bag upon completion of the course.

This year each adult paid registered walker receives one free child under 12 registration. Children are encouraged to dress in costume for a fun trick or treat experience around the trail. Children under 12 will receive their goodie bag at check in to be used for a trick or treat adventure around the walking path.

Form a team for even more fun. Dress alike in costume, wear team shirts, etc. This is a fun event! At the end of the Walk a Plaque will be awarded to the Best Dressed Team!

Pre-registration is required. Registration is \$25 per person. Deadline for Registration is October 27, 2021.

Valley of Savannah Scottish Rite

3001 Chatham Center Drive  
Phone: 912-232-5132  
E-mail: [savannahrmason@gmail.com](mailto:savannahrmason@gmail.com)  
Facebook Valley of Savannah AASR



**VALLEY OF SAVANNAH  
SCOTTISH RITE  
PRESENTS**

**A WALK FOR  
RITE CARE**



## REGISTRATION

### **ABOUT RITE CARE**

Rite Care is part of the philanthropy of the Scottish Rite of Freemasonry. The Scottish Rite have partnered to form over 180 clinics throughout the United States to provide therapy for children with Communication disorders including speech, language and literacy. In addition to serving children some clinics also provide services to adults who have experienced a communication disruption such as a stroke. Our particular clinic here in Savannah also provides services for Military members who have been injured in the line of duty and now find themselves in need of therapy in for communication.

### **ABOUT THE WALK**

From young to old all are welcome to participate in the Walk for Rite Care! Participants under 16 must have a parent or guardian walking with them.

Form a Team to enjoy the leisurely stroll around Lake Mayer. Dress alike, make team shirts, etc. to have the most fun. A plaque will be awarded to the best dressed team! Please make sure all walkers on your team have pre-registered and paid the registration fee prior to October 27, 2021.

This year with every adult registration a free child's registration under 12 is included. Children under 12 in costume will receive their goodie bag at the beginning of the walk for a trick or treat adventure around the walking path. Please make sure children participating are also listed on the registration form and the adult walker has registered and paid the registration fee prior to October 27, 2021.

Individual Walker

Part of a Team

Please Print legibly.

Name of Participant: \_\_\_\_\_

If applicable Childs Name \_\_\_\_\_

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

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

Team Name (if participating as a part of a team): \_\_\_\_\_

### **WAIVER & RELEASE OF LIABILITY**

I, \_\_\_\_\_ (PRINT NAMES of Participants), hereby waive all claims against the Valley of Savannah Scottish Rite and the Scottish Rite Foundation of Georgia, Rite Care Clinics and Centers, volunteers, sponsors, or any personnel for any injuries, damage, blame, or harm I might suffer in this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

Participant and/or Guardians Signature (if participant is under 18)

Date

### **MAKE A DONATION**

I cannot walk, but I would like to make a donation of: \$ \_\_\_\_\_

Donor Name \_\_\_\_\_

**PAYMENT** (registration payment must be turned into the Scottish Rite Office and received by October 27, 2021)

I would like to pay by: \_\_\_\_ Check (payable to the Valley of Savannah Scottish Rite)

**Credit Card** \_\_\_\_ Visa \_\_\_\_ MC \_\_\_\_ Disc (You may also call the office to make payment at 912-232-5132)

**Credit Card Number:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_ **CVV:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

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