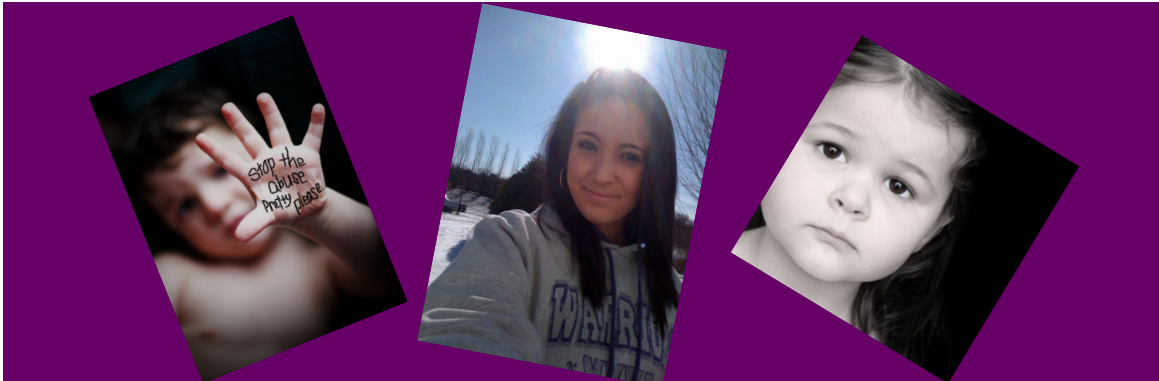




2012

1st Annual 5K "Walk For Soleil" Charity Event

Fighting Against Child Abuse, Neglect, Bullying & Suicide.



Sunday-February 19th 8:30am-3:00pm

Location: Woodmont Country Club - On the Pines Course

**"Parking in the Furniture Power plaza"
8399 n University Dr. Tamarac, Fla 33321**

ALSO FEATURING: A ZUMBA WARM-UP, GUEST SPEAKERS, FOOD, ENTERTAINMENT & A KIDS ZONE!

Minimum Donation Fee:

\$5-Entrance_Kids 12 & under-free

\$25 or more-receive a free Actors Walk t-shirt

Avoid The Line, Register Online!

www.actorswalk.org

Join The Walk / Start A Team / Volunteer / Become A Sponsor / Donate

With your help & continued support, together we can make a difference!

For registration & information visit: www.actorswalk.org

Contact: 754-245-4173



Actors Walk, Inc to benefit Childhelp.org a 501(c)3 organization, Tax ID #95-2884608.



"Our Mission"

"Actor's Walk" is a nonprofit charity organization that was founded in honor of 17-year-old Soleil Bonaventura, who sadly took her own life on Oct 6, 2011 from suicide. We are dedicated to raising awareness and helping to provide the funding that is so desperately needed to advocate and protect innocent children from abuse, neglect, bullying & suicide.

On February 19th 2012 Join us as we take our first steps to help fight the fight and put an end to this epidemic. 100% of the profits earned will benefit Childhelp, a national 501(c)3. All donations are tax deductible. "Actors Walk" is for actors, artists, friends, family and any one else who wants to get involved.

"Enough is Enough". Become a beacon of light for an innocent child. Every ten seconds there is a new reason for you to join our movement. The children of today are our future for tomorrow. With your help & continued support, together we can make a difference!

*"In loving memory of Soleil Bonaventura-February 19, 1994 – October 6, 2011
and all of the other children we have lost in the past" Rest in peace.*



Founded in 1959
by Sara O'Meara and Yvonne Feddersen
PREVENTION and TREATMENT of CHILD ABUSE

NATIONAL HEADQUARTERS
15757 North 78th Street, STE B
Scottsdale, AZ 85260
T 480-922-8212
F 480-922-7061
www.childhelp.org

December 14th, 2011

To whom it may concern:

This letter is to verify that Craig Bonaventura is holding a fundraising event, namely, Actors Walk for Charity; which, per his signed Childhelp Wings Special Event Agreement, will donate proceeds after expenses to Childhelp.

If you have any questions, please feel free to contact me at either (480) 922-8212 or wings@childhelp.org

Sincerely,

A handwritten signature in black ink, appearing to read "Katie Johnson".

Katie Johnson
Childhelp Wings Staff

Childhelp is a 501(c)(3) organization, Tax ID #95-2884608. Thank you for sharing and caring for children who are recovering from abuse. Childhelp's therapeutic programs!

"For The Love of A Child"



Individual Registration Form

(Must sign release form below)

Participant Name _____ Date of Birth _____

Street Address _____

City, State, Zip _____

Phone _____ Email _____

Please Choose Your T-Shirt Size

Small / Medium / Large / X-Large / XXL Large

All shirts to be picked up at sign in, only included with \$25 donations or more.

Emergency Contact Information

Emergency Contact Name

Emergency Contact Mobile Number

Payment Information – Choose One

_____ By check, please print & enclose this registration form with your check payable to:

*Actors Walk, Inc
5011 w Oakland Park blvd A107
Lauderdale Lakes, FL 33313*

_____ I would like to pay by credit card (via PayPal) www.actorswalk.org

Total \$ _____ Name on Card _____

Billing Address _____

Actors Walk, to benefit Childhelp.org a 501(c)3 organization, Tax ID #95-2884608.

Thank you for your support!



Team Registration Form
(must sign release form below)

Team Name/Company: _____

Team Leader: _____

Approximate number of walkers: _____

Street Address _____

City, State, Zip _____

Phone _____ Email _____

Number of t-shirts _____ Include size For Each:
Small / Medium / Large / X-Large / XXL Large

All shirts to be picked up at sign in, only included with \$25 donations or more.

Emergency Contact Information

Emergency Contact Name

Emergency Contact Mobile Number

Payment Information – Choose One

_____ By check, please print & enclose this registration form with your check payable to:

*Actors Walk, Inc
5011 w Oakland Park blvd A107
Lauderdale Lakes, FL 33313*

_____ I would like to pay by credit card (via PayPal) www.actorswalk.org

Total \$ _____ Name on Card _____

Billing Address _____

Actors Walk, to benefit Childhelp.org a 501(c)3 organization, Tax ID #95-2884608.

Thank you for your support!



Team Roster List

Team Name _____

Walker Name	Amount Collected	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

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PARTICIPANT RELEASE FORM

In consideration of accepting this entry, I the undersigned, intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for losses and damages I may have against Actors Walk, Inc., any and all sponsors, their officers, directors, members, and volunteers, other parties and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I am physically fit and am voluntarily participating in this event at my own risk. A licensed medical doctor has verified my physical condition. Further, I hereby grant full permission to any and all foregoing to use photographs, video-tapes, motion pictures, recordings or any other record of this event for any purpose whatsoever. ***NO ONE MAY PARTICIPATE IN THIS EVENT WITHOUT SIGNING THIS OFFICIAL WAIVER. IF UNDER 18, SIGNATURE OF LEGAL GUARDIAN AND PARTICIPANT ARE REQUIRED.**

Print

Signature

Date: / /



Corporate / Company Sponsor Commitment Form

If your company would like to become a sponsor, please fill out the information below and we will contact you promptly. Your contribution is tax deductible, and would be greatly appreciated!

Company Name: _____

Address: _____

City: _____ State _____ Zip _____

Company Contact: _____

Phone: _____ (Fax) _____

Email: _____

SPONSORSHIP Levels:

_____ Platinum Sponsor: \$1,000 (limited to one sponsor)

- Table at event to market your companies products or services
- Logo and recognition printed on event materials (based on deadline)
- Inclusion in all event promotion and media (based on deadline)
- Your company logo on Actors Walk website for 1 year
- Admission of six representatives to event
- Includes 6 Actors Walk t-shirts and 6 wristbands

_____ Gold Sponsor: \$500 (limited to one sponsor)

- Table at event to market your companies products or services
- Logo and recognition printed on event materials (based on deadline)
- Inclusion in all event promotion and media (based on deadline)
- Your company logo on Actors Walk website for 1 year
- Admission of three representatives to event
- Includes 3 Actors Walk t-shirts and 3 wristbands

_____ Silver Sponsor: \$250

- Your company logo on Actors Walk website for 1 year
- Admission of two representatives to event
- Includes 2 Actors Walk t-shirts and 2 wristbands
- Special Appreciation

_____ Bronze Sponsor: \$100

- Admission of two representatives to event
- Includes 2 Actors Walk t-shirts and 2 wristbands
- Special Appreciation

_____ Event Supporter

- I would like to donate the following goods or services for the event:

Payment Information – Check One

_____ By check, made out to Actors Walk, inc (enclosed)

_____ I would like to pay by credit card (via PayPal) www.actorswalk.org

Total \$ _____ Name on Card _____

Billing Address _____



Craig Bonaventura – Founder
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Lauderdale lakes, fl 33313
www.actorswalk.org
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754-245-4173