



# One Homeless Night 2010 SITE REGISTRATION FORM



**NAME OF SCHOOL/ORGANIZATION**

**NAME OF GROUP** (if applicable)

**NAME OF YOUTH LEADER**

**NAME OF ADULT SPONSOR**

**YOUTH LEADER PHONE**

**ADULT SPONSOR PHONE**

**YOUTH LEADER E-MAIL**

**ADULT SPONSOR E-MAIL**

**WHAT TYPE OF EVENT WILL YOU HOLD?** (circle all that apply)

**Sleep Out**

**Fundraiser**

**Community Awareness Project**

**Service Project**

**DESCRIBE YOUR PROJECT(S)**

**ANTICIPATED NUMBER OF PARTICIPANTS** \_\_\_\_\_

**SCHOLARSHIPS? Yes #** \_\_\_\_\_ **No**

**WILL YOUR EVENT TAKE PLACE ON NOVEMBER 12? IF NO, WHEN AND WHY?** \_\_\_\_\_

**WHAT IS THE NAME AND ADDRESS OF YOUR EVENT LOCATION?**

**PLEASE LIST THE NAMES AND CONTACT INFORMATION FOR OTHER PROJECT LEADERS**

**Signature of Site Location Agent and Title** \_\_\_\_\_

**Name (Printed)** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Date** \_\_\_\_\_

**MAIL OR FAX TO SYNERGY SERVICES BY FRIDAY, OCTOBER 1, 2010!**



# One Homeless Night 2010 PARTICIPANT REGISTRATION & RELEASE

Please Complete All Information



PARTICIPANT NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
AGE \_\_\_\_\_ SEX \_\_\_\_\_ E-MAIL \_\_\_\_\_  
T-SHIRT SIZE:  Sm  Med  Lg  XL  2XL Apply for Scholarship?  Yes  No  
SITE \_\_\_\_\_ SPONSOR NAME \_\_\_\_\_  
LIST ANY MEDICAL OR HEALTH CONDITIONS THIS PARTICIPANT HAS INCLUDING ANY  
ALLERGIES \_\_\_\_\_  
EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

1. THE PARTICIPANT will inspect the sleep-out location upon entering and warrants that their entry therein constitutes an acknowledgment that he/she finds it safe and reasonably suited for the purpose of its use. The Participant agrees that if at any time he/she believes something is unsafe, will bring it to the attention of an official, and will remove him/herself from the location and withdraw from the Event.
2. THE PARTICIPANT hereby agrees to indemnify and save and hold harmless, Synergy Services, the promoters, participants, associations, sanctioning organizations, (or any affiliates thereof), site operators, site owners, officials, sponsors and advertisers used to conduct the Event and their officers, agents, and employees (all for the purpose herein referred to as "Releasees"), and each of them from any loss, liability, damage or cost that may occur due in any manner or degree to the presence of the Participant in the Event location, or in any way participating in the Event and whether caused by negligence of the Releasees or otherwise.
3. THE PARTICIPANT hereby agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasees, INCLUDING NEGLIGENT RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
4. THE PARTICIPANT has read and agrees to abide by the RULES AND REGULATIONS and CODE OF CONDUCT as established by the host organization. Participant understands that they may be asked to leave the event for failure to comply.
5. Any photographs, videotaping or other records of the Participant at the Event may be used to promote future events and promotions of Synergy Services, Inc. This includes, but is not limited to, use of a Participant's photograph and video on Synergy's web sites, television, printed billboards, brochures or other promotional materials.
6. The Participant agrees that all monies and other donations received in the name of Synergy's One Homeless Night event are the sole property of Synergy Services and will submit all donations to their Site Sponsor who will forward such monies to Synergy.
7. The Participant agrees that they are expected to raise monetary donations and that they may receive awards or prizes which serve as incentives for fundraising and in no way constitute compensation or employment.
8. The participant agrees that their registration fee does not entitle them to anything more than participating in Synergy Services' One Homeless Night 2010 event at their registered event site only.

THE PARTICIPANT HAS READ AND VOLUNTARILY SIGNS THE WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT AND DOES SO VOLUNTARILY AND WITH THE UNDERSTANDING THAT SUBSTANTIAL RIGHTS ARE BEING GIVEN UP. A PARENT OR GUARDIAN'S COUNTER- SIGNATURE IS REQUIRED FOR PARTICIPANTS UNDER THE AGE OF 18.

Participant Signature and Date

Parent or Guardian Signature and Date

Please Print Name Clearly

Please Print Name Clearly

**Affix \$10 Cash, Money Order or Check (payable to Synergy Services)  
Submit Form to Site Sponsor No Later Than Friday, October 22, 2009.**  
Site Sponsor is to fax all completed forms to Synergy no later than Friday, October 29, 2010.



# One Homeless Night 2010 DONATION FORM



**\*Privacy Info: Synergy Services does not share private information with any outside entity.  
ALL COLLECTED FUNDS MUST BE SUBMITTED YOUR SITE SPONSOR PRIOR TO YOUR EVENT.**

**PARTICIPANT'S NAME** \_\_\_\_\_

**PARTICIPATING SITE** \_\_\_\_\_

Thank you for supporting One Homeless Night, an event designed to raise awareness of the issues of youth homelessness and funds for Synergy's Youth Resiliency Campus. All donations over \$10 can be receipted if requested. Please make checks payable to Synergy Services. Please print clearly.

Name	Address	City	Zip	E-Mail	Phone	Amount	Rec'd y/n	Receipt y/n

# One Homeless Night 2010 EVENT EVALUATION



	Totally Agree	Kind of Agree	Agree	Kind of Disagree	Totally Disagree
1. The event helped increase my understanding of the issues involved in youth homelessness.					
2. The event helped inform others about the issues of youth homelessness.					
3. I feel that my participation in this event made a positive difference in the lives of others.					
4. I felt confident asking for and collecting donations for the event.					
5. I achieved my goal of raising at least \$100 for this event.					
6. I would participate in this event again next year if I was able.					
7. I would encourage others to participate in this event next year.					
<b>ANY OTHER COMMENTS</b>					

Site Leader, please return after event to: SYNERGY'S ONE HOMELESS NIGHT | 400 EAST 6<sup>th</sup> STREET | PARKVILLE, MO 64152

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