



## WHITE CANE DAY WALK

We invite you to celebrate 95 years of providing services to the blind and visually impaired. Put on your sneakers, help us raise funds and join Miami Lighthouse as we celebrate National White Cane Day on Tuesday, October 15th, starting at 8:30am. Over 150 blind and visually impaired program participants will raise awareness about White Cane Safety Laws and be escorted by City of Miami Fire, Police Departments, and Grand Marshal City of Miami Commissioner Miguel Angel Gabela walking from Miami Lighthouse, down SW 8th Street and back. The celebration will continue with lunch. The featured entertainment is our Miami Lighthouse Music Program and there will be a raffle with prizes and giveaways. Event sponsors include Uber, Captain Awesome Charities, Humana, Verizon Tracfone, Vispero, WLRN, 305 Hive, Tropical Financial Credit Union and others.

Where: Miami Lighthouse for the Blind

Mary M. and Sash A. Spencer Campus

601 Southwest 8th Avenue

Miami, FL 33130

When: Tuesday, October 15, 2024

8:30 a.m. to 12:00 p.m.

Breakfast, snack and lunch provided



Scan to Donate!

**Cost:** \$10 suggested contribution for the visually impaired

\$20 for all other participants

Register: Cameron Sisser, csisser@miamilighthouse.org or (786) 362-7515

\*Current sponsors as of August 30, 2024

| <b>2024 White C</b>   | ane Day Walk Registr  | ation Form  | 2024 WCD-CG  |
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| absolve and hold harmless organizations, and any other and liability for an injury, marticipation in the Walk or a in the event of injury or illnes | se, I (we) acknowledge that I (we) understand Miami Lighthouse for the Blind and Visual parties connected with this event in any way is adventure, harm, loss, inconvenience or day activities associated herewith. I (we) also ss. I (we) grant full permission for organizers and promotions of this event. | ly Impaired, Inc., corporat<br>y, singly or collectively, fron<br>lamage hereby suffered or<br>hereby consent to and pern | te sponsors, cooperating<br>m and against any blame<br>sustained as a result of<br>mit emergency treatment |
| Signature of Participant  |   | Signature of Parent/Guard   | dian if under 18   |
| _   | \$10 suggested contribution for the visually impaired \$20 for all other participants   |   |  |
| Reach your sponsor  | Sponsor Sign-U<br>ship goal by asking your friends,   | J <b>p</b><br>family and neighbo  |  |
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