Registration Form

My Donation Page

Saturday, April 24, 2010

First Energy Park, Home of the Championship Lakewood Blue Claws

Please check one:

I am ☐ Team Captain ☐ Team Member ☐ Individual Walker

☐ I have already registered online.

Walkers: Include the name of your team and team captain to ensure that the dollars you raise are properly credited to your team.

Team Name: _____

Team Captain: _____

☐ My child has autism

☐ My family member has autism

☐ My friend's family is touched by autism

☐ I work with and/or educate those with autism

☐ I am a person with autism.

☐ I do not know anyone touched by autism

_____

Name DOB

_____

Address

_____

City, State, Zip

_____

Telephone

_____

Email

_____

Employer

Fundraising Rewards

All participants who raise $100 or more will receive an official 2010 Walk For A Difference t-shirt.

Visit us at **www.poacwalk.org** to find out what great **gifts you will receive for meeting fundraising levels.**

[ ] Please do not send me a gift, I wish for all my donations to further support **autism training, education and services.**

All walkers are encouraged to collect donations in advance and bring them to the Walk. Walkers are also encouraged to convert all cash to a check. Your cancelled check serves as a receipt.

Waiver (Each participant must sign below) I, the undersigned, agree to indemnify and hold harmless POAC from all cost, expense and liability arising out of my or my child's participation in this event to benefit POAC. I do hereby waive all claims for damage or loss to me or my child's person or property which may be caused by an act, or a failure to act, by POAC, its officers, agents, or employees arising directly or indirectly from my or my child's participation in this event; and I hereby assume liability for any loss, damage or other liability from such event. I grant full permission for organizers to use photos, videos, film or any record of this event in which I may appear for any legitimate purpose. Participants under 18 must have this form signed by a parent or guardian.

_____

Signature of Participant/Parent/Guardian Date

Donor's Name	Check #	Cash	Total Enclosed

Total Turned In Today _____

Total Turned In Prior To Walk _____

Total Raised Online _____

Pledges Still To Come _____

Total Raised _____

Make all checks payable to:

POAC

1999 Route 88 East

Brick, NJ 08724