

# Hearts & Hands Walk for Autism Registration Form

Please return form to: Community Autism Resources 2315 Grand Army Highway  
Swansea, MA 02777 **Attention 2008 AUTISM WALK**

- I am unable to walk but would like to make a donation
- We are not able to walk but we are attending the family fun day
- I am walking as an individual
- I am walking on a team

-We know that some families will be a mix of walkers and non walkers. If so please register as walkers.

Name(s) \_\_\_\_\_

Team Name \_\_\_\_\_ Team Captain \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Day phone \_\_\_\_\_ other phone \_\_\_\_\_

Individuals who raise \$50.00 or more AND who register by Thursday August 21, 2008 will receive an Official Hearts & Hands Walk T-shirt when they turn in their donations.

**1 shirt per attendee please.** Teams will receive for each \$50.00 raised, **1 SHIRT PER WALKER when the TEAM LEADER turns in the team's total donations.**

**Example: a team of 10 people will need to raise \$500.00 to receive a shirt for each walker.**

**The deadline for those who want T-shirts is Thursday August 21st!**

**We cannot guarantee shirts for those who do not register by that date.**

**A limited number of shirts will be available for late registrants at the walk.**

Shirt sizes Children's SM \_\_\_\_\_ MED \_\_\_\_\_ LG \_\_\_\_\_

Adult sizes SM \_\_\_\_\_ MED \_\_\_\_\_ LG \_\_\_\_\_ 1XL \_\_\_\_\_ 2XL \_\_\_\_\_ 3 XL \_\_\_\_\_

**PLEASE NOTE THAT PHOTOGRAPHERS WILL BE AT THE WALK TAKING PICTURES.**

**PHOTOS WILL APPEAR ON THE COMMUNITY AUTISM RESOURCES' WEBSITE.**

## **LIABILITY WAIVER (feel free to photocopy)**

I \_\_\_\_\_  
(Individuals/parents/guardians)

and my minor children (under age 18) listed below

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

are participating in the Hearts & Hands Walk for Autism and Family Fun Day at our own risk. We will not hold the organizers, Community Autism Resources Inc., Bristol Community College nor the City of Fall River liable for any injury, or loss/damage to property.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**QUESTIONS CALL 508-379-0371 EXT 16**