

Hearts & Hands Walk for Autism Registration Form

Please return form to: Community Autism Resources 2315 Grand Army Highway
Swansea, MA 02777 **Attention 2010 AUTISM WALK**

I am unable to walk but would like to make a donation

Name _____

Address _____

City, State, Zip _____

Day phone _____ other phone _____

Team Name _____ Team Captain _____

I am part of a school's team

Individuals who raise \$60.00 or more AND who register **by Thursday August 19th** 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 \$60.00 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 \$600.00 to receive a shirt for each walker.

The deadline for those who want T-shirts is Thursday August 19th!

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

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