

Hearts & Hands Walk for Autism Registration Form

Please return form to: Community Autism Resources 2315 Grand Army Highway
Swansea, MA 02777 **Attention 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 if applicable _____

Address _____

City, State, Zip _____

Day phone _____ other phone _____

Individuals who raise \$50.00 or more AND who register by Sept. Wednesday 6, 2006 will receive an Official Hearts & Hands Walk T-shirt when they turn in their donations walk day, 1 shirt per attendee. Teams will receive for each \$50.00 raised 1 SHIRT PER WALKER when their TEAM LEADER turns in the teams total donations on walk day. (Example a team of 10 people will need to raise \$500.00 to receive a shirt for each walker.)

The deadline for mail-in registration, for those who want T-shirts is Wednesday September 6th. 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 _____

PHOTO WAIVER

I give permission to have my and my family's photos used on the C.A.R. website and for publicity.

NO YES Signed _____ date: _____

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 _____