



REGISTRATION FORM

Southern Crescent Walk to End Alzheimer's
Peachtree City, October 1, 2011

I am registering as a: Team Captain Team Member Individual Walker (not on a team)

Please fill in below if you are registering as a team captain or joining an existing team.

Team Name _____

Team Captain Name _____

Name _____

Age: _____ Gender: Male Female

Address (CIRCLE) work or home

City _____ State _____ Zip _____ County of Residence _____

Phone (home) _____ (work) _____ (cell) _____

Email _____ (fax) _____

In order to receive a t-shirt, you must raise a minimum of \$150.

ALL REGISTRANTS MUST SIGN

Waiver and Release of Liability: I hereby waive all claims against the Alzheimer's Association, sponsors or any personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

Signature: _____
(Parent or Guardian's signature if less than 18 years of age. Please also print Guardian's name.)

Mail or fax the completed form to:
Southern Crescent Alzheimer's Memory Walk
P. O. Box 2144
Peachtree City, GA 30269
678-364-0315