



# MEMORY WALK REGISTRATION FORM

Southern Crescent Memory Walk/Peachtree City, October 2, 2010

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.*

**\*If you plan to raise \$150 or more, PLEASE select one of the following options:**

- I do **NOT** want any incentive items I may be entitled to\*
- I **ONLY** want a Memory Walk t-shirt. **Size S M L XL XXL** I do **NOT** want any additional incentive items I may earn\*
- I want the option to redeem all incentive items I may earn

**\*All unused incentive item funds will be donated back to the cause**

To view incentive fundraising levels of \$300+ and available items, visit:

<http://memorywalk.summitmg/memorywalk07/default.asp?>

## 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  
770-486-6991 or 770-487-8397