

2nd Annual Walk for Autism

Saturday, March 27, 2010

The goal of the NNY Autism Foundation, Inc. is to raise \$20,000.00 to fund our clinic and help families with Autism and related illnesses. We're hoping to make this walk the best ever, so the more contributions you raise, the more successful we'll be at achieving our goal. We look forward to all our participants having a great time! For questions, concerns or to volunteer, call Cyndi Barker at 315-773-5405. **Thank you very much for your participation!**

Walk Rules

- Participants may start collecting pledges as soon as they pay their \$15 registration fee and receive their pledge sheets. **Reminder: Pledge sheets and money need to be handed in on the day of the sponsored walk.**
- Each sponsor making a pledge should write their own name, pledge per lap or flat rate pledge on the pledge sheet.** Participants will collect the pledge in advance and keep pledges until all are collected.
- Walk registrations will begin at 8am with the walk beginning at 9am. Once you have registered, you must complete your walk at once. The main event will be held from 8am to 12pm; however, participants may come and do their walk at their leisure throughout the day with registration ending at 8pm and the walk ending at 9pm.
- On the day of the sponsored walk, each participant will walk their laps in the mall. A lap is considered a straight line from the starting point to the Sear's corridor and back. Each participant will be issued a "lap tag," which will be punched each time the participant reaches the starting point, thereby keeping track of the number of laps completed. No running or jogging will be allowed.
- Upon completion of the sponsored walk, participants will hand in their lap tags. A volunteer will record each participant's lap total on their pledge sheet for our records.
- All participants are welcome to invite businesses to match their pledge amount. For more information and forms, please contact **Cyndi Barker at 315-773-5405.**

Participant's Information (Please Print Clearly)

Participant Name: _____ Phone#: _____

Address: _____

E-Mail: _____ I plan to walk _____ laps for **NNY Autism Foundation, Inc.**

I release and discharge NNY Autism Foundation, Inc. and all sponsors from any claim, injury, losses or liabilities as a result of participation in this walk-a-thon. Signature: _____

(Parent or Guardian if under 18)

Registrations received by Friday, March 12th will receive a free t-shirt. I would like the following size (circle 1):

Child Size: S M L **Adult Size:** S M L XL 2 XL

SCHEDULE

8am Registration Begins
 9am Walk Begins
 8pm Registration Ends
 9pm Walk Ends

The main event will be held from 8am-12pm, with Tunes 92.5, face painting, children's activities and more!

DIRECTIONS

- REGISTER by phone at 315-773-4054 or online at www.nnyautismcenter.com. (Visa, MC, Amex & Discover accepted)
- COLLECT your donations A.S.A.P.
- WALK! Joins us on March 27th at the Salmon Run Mall. Sign in any time of the day from 8am to 8pm.
- HAVE FUN!

OFFICIAL USE ONLY

Total Amount Received: _____ Registration Fee Paid: _____

Date Received: _____

Official Initials: _____

2nd Annual Walk for Autism

Saturday, March 27, 2010

Participant Name _____ Phone# _____

****REMINDER: All pledges must be collected and turned in upon registration on the day of the walk.
Please make checks payable to the: *NNY Autism Foundation, Inc.***

	Name of Sponsor	Phone #	\$ per Lap	\$ Flat Rate	Paid Amount	Business Matching Pledge Amount
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
PAGE TOTAL						

OFFICIAL USE ONLY		Date Received: _____
Total Amount Received: _____	Registration Fee Paid: _____	Official Initials: _____