

# Registration Form



## Walk

Saturday, September 17<sup>th</sup>, 2016 - Tipton Park

Run Time: 9:00 am Walk Time: 11:00 am

Adult \$20 / Children (12 & under) \$10

Includes Walk T-shirt

Register as a walker or donor by completing the registration form and mailing it with registration fee(s) to the Autism McLean by August 26, 2016. Any registrations received after that date or those registering at the park prior to the event will receive a size large t-shirt while they last.

Collect donations to meet your personal goal and help the Autism McLean continue supports in the community. Donations are welcome the day of the event. Please turn donation(s) in at the registration table before you walk. Prizes will be given for the highest donors.

**Please mail this form and your registration fee(s) to:**

Autism McLean, 2404 East Empire, Suite 231, Bloomington, IL 61704

Registration forms may be completed at: [www.autismclean.org](http://www.autismclean.org). Please register by  , 2016

Name(s): \_\_\_\_\_

Team Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**T-Shirt Size (Must be received by August 26, 2016)**

**Walk Fees: Adult \$20 / Children (12 & under) \$10**

	<u>Adult</u>				<u>Child</u>					
	S	M	L	XL	2XL	3XL	4XL	S	M	L

1. Name:	<input type="text"/>	Shirt:	<input type="checkbox"/>	Adult	<input type="checkbox"/>	Child	Child Age?	<input type="text"/>	Size:	<input type="text"/>
2. Name:	<input type="text"/>	Shirt:	<input type="checkbox"/>	Adult	<input type="checkbox"/>	Child	Child Age?	<input type="text"/>	Size:	<input type="text"/>
3. Name:	<input type="text"/>	Shirt:	<input type="checkbox"/>	Adult	<input type="checkbox"/>	Child	Child Age?	<input type="text"/>	Size:	<input type="text"/>
4. Name:	<input type="text"/>	Shirt:	<input type="checkbox"/>	Adult	<input type="checkbox"/>	Child	Child Age?	<input type="text"/>	Size:	<input type="text"/>
5. Name:	<input type="text"/>	Shirt:	<input type="checkbox"/>	Adult	<input type="checkbox"/>	Child	Child Age?	<input type="text"/>	Size:	<input type="text"/>
6. Name:	<input type="text"/>	Shirt:	<input type="checkbox"/>	Adult	<input type="checkbox"/>	Child	Child Age?	<input type="text"/>	Size:	<input type="text"/>

Total Adults \_\_\_\_\_ Total Children: \_\_\_\_\_ Registration Fee Included: \_\_\_\_\_

*Waiver: I hereby waive all claims against the Autism McLean, the sponsors or any individuals for any injury which I may suffer on behalf of myself, my heirs, executors, administrators or assigns. I agree to cooperate with the officials in charge of the event and attest that I am physically fit and prepared for this event.*

**Signature (Parent or Guardian if under 18)**

I give Autism McLean permission to use photo's taken at the walk for the purpose of autism awareness and publicity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date