REGISTRATION FORM

☐ I would like to register as a walker: _____

☐ I would like to walk in memory of: _____

☐ I would like to walk in honor of: _____

☐ I will be unable to walk, but would like to contribute. Enclosed is my donation of $ _____

Your name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Date of Walk _____ Location of Walk _____

Sponsors Name	Address	City/State/Zip	Phone	Amount Donated
sample: Elizabeth Jones	567 Pine St., NW	Atlanta, GA 12345	404-555-1234	$25.00

YOU MAY PHOTOCOPY THIS FORM IF YOU NEED MORE SPACE FOR SPONSORS.

☐ Continued on separate sheet

Make checks payable to **"American Parkinson Disease Association, Inc."**

Detach and mail to:

"Walk-A-Thon"
American Parkinson Disease Association, Inc.
Parkinson Plaza • 135 Parkinson Avenue
Staten Island, New York 10305

Total Sponsor Donations Collected $_____

Personal Donation $_____

Total $_____

...or call **(800) 223-2732**...or click on **www.apdaparkinson.org,** for more information on how you can help.

THANK YOU FOR YOUR SUPPORT!

APDA, Inc. is a 501(c)3 organization. Your donation is tax deductible to the extent allowed by law.

Waiver: I hereby waive all claims against the American Parkinson Disease Association, Inc, sponsors or any personnel for an injury I might suffer at this event. I grant full permission for organizer to use photographs of me in the legitimate accounts and promotions of this event.