



Walker Registration Form

Please mail or fax completed form to :

Alzheimer's Association 3010 11th Ave. N, Billings MT 59101 Fax 293-2933 phone 252-3053

My Goal is to raise \$_____ to help provide Alzheimer care, support and research for Montana residents.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____
Home Work Cell

E-Mail: _____

Company: _____

My employer has a matching gift program: ___yes ___ no

I will be walking as a Team Captain Team Member Individual (check one)

If you are a member of an **Team**, complete the following:

Team Name: _____

Team Captain's Name: _____

I am walking in honor/memory of _____

I am unable to walk, but want to make a difference! Enclosed is my donation of:
\$200___ \$100___ \$50___ \$25___ other___

Walk Site Billings Butte Lewistown Missoula (check one)
Walk date Sept 15 Sept 22 Aug 25 Sept 8

Walkers that raise a minimum of \$100 will receive a Memory Walk T-shirt

T Shirt size S M L XL XL (Please circle one)

Donation must be in the office no later than August 25, 2007 to receive T-shirt on walk day
T-shirt orders made after August 25 may be picked up at the office after September 25, 2007

Waiver and Release of Liability

I hereby waive all claims against the Alzheimer's Association, sponsors, any personnel or the City of Billings, Great Falls or Missoula for any injury I might suffer in this event. I attest 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: _____ Date: _____

(parent or guardian's signature if walker is under 18 years of age)