




Nationally presented by
Genworth Financial 

REGISTRATION FORM

My goal is to raise \$ _____ for Memory Walk 2009!

Name _____
Address _____
City _____ State _____ ZIP _____
Phone (Day) _____ (Evening) _____
Email _____

I will be walking:

Saturday, September 12 in: Canandaigua Elmira
Saturday, September 26 in: Rochester Geneseo

I will be walking as a (please check one):

Team Captain Team Member Individual

Team Captain Name _____

Team Name _____

Team Type (please check one): Corporate Family & Friend

I am unable to walk, but would like to contribute:

\$200 \$100 \$50 Other \$ _____

Enclosed is my check payable to the Alzheimer's Association

Or charge to the following:

Visa MasterCard American Express

Credit Card Number _____

Expiration Date _____

Signature _____

MAIL TO:

Alzheimer's Association
435 East Henrietta Road
Rochester, NY 14620
Attn. Carolyn Lauber

FAX TO:

585-760-5401

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** _____ **Date** _____

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