



I'd like to... (Please check one)

- Register a new team
- Join an existing team
- Register as an individual walker

Registration Form

For accurate processing of your registration, please print legibly and complete the entire form. Thank you!

Team Name (Only needed if registering a new team or if joining an existing team) _____

Team Captain Name _____

Walk Site City & Date _____

Registrant Name _____

Day Phone _____ **Evening Phone** _____

E-mail _____

Address _____

City _____ **State** _____ **Zip** _____

Employer / School _____

My employer has a matching gift program: YES NO

****Walkers who raise \$100 or more will receive an official 2009 Memory Walk T-shirt**

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)

Your completed registration form can be submitted by fax or mail.

- Fax to: **(757) 461-7902**
- Mail to Chapter office:
Alzheimer's Association
6350 Center Drive, Suite 102
Norfolk, VA 23502
ATTN: Dana Geiger

For additional information contact Dana Geiger at (757) 459-2405.

IF YOU REGISTER ONLINE AT
WWW.ALZ.ORG/MEMORYWALK
 YOU DO NOT NEED TO
 COMPLETE THIS FORM