



Alzheimer's Arkansas Walks 2017 Individual or Team Registration Form

Yes, I/we will form a participate in (please check)

Russellville 8/19 _____ Helena 9/9 _____ Hot Springs 9/16 _____
 Little Rock 10/7 _____ Conway 10/28 _____

This registration form is for an Individual or Team? (Circle One)

I/We will be participating in the following category (please check)

_____ Corporate _____ Community _____ Family _____ Individual

Team Registration:

Team Name _____
 Business/ Community Organization Name _____
 Business Mailing Address _____
 City _____ State _____ Zip _____
 Business Phone Number: _____ Fax Number: _____
 Team Captain Name _____ E-mail: _____

Individual Registration:

Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Phone (W) _____ Phone (other) _____
 Fax _____ E-mail _____

I/Our team will walk in **MEMORY** or **HONOR** of _____

Individual or Team Captain Signature _____

Date _____

Will you or your team have their own t-shirts or will you want the Alzheimer's Arkansas Walk t-shirts?

_____ Yes, we will have our own t-shirts

_____ No, we want the Alzheimer's Arkansas Walk t-shirts and will need approximately the following:

_____ *Child Small _____ *Child Medium _____ Adult Small _____ Adult Medium

_____ Adult Large _____ Adult XLarge _____ Adult XX Large _____ XXX Large Other:

***We will be ordering only 50 child t-shirts this year and will be on a first order basis**

Please note: This form only registers you as an individual or your team.

Before the Walk we encourage you attend early Walk registration in your community. You can pick up Walk shirts at that time and turn in any proceeds raised. Remember that individuals and team members must sign your the **Walker Registration Form** which can be also turned in at early Walk registration or at registration on Walk Day.

Please mail, email or fax this form to