

The Alzheimer's Arkansas Walks

2017 Walk Collection Form

(PLEASE PRINT)

WALK Site: _____ Individual or _____
 Team Name: _____

Individual or _____
 Company / Family / Organization Name: _____

Team Captain: _____ Individual or Team Captain's _____
 Phone: (w) _____ (h) _____

Individual or _____
 Team Category: Community _____ Corporate _____ Family _____

DESIGNATE ALL PROCEEDS TO TEAM CAPTAIN: YES _____ NO _____

PROCEEDS FROM Team Member or Individual Name	PROCEEDS Turned In Pre-Registration Day	PROCEEDS Turned In Event Day	Tee Shirt Requested Y or N	T-Shirt Size	CHECK <input type="checkbox"/>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
Pre-Registration Total	\$				
		WALK Day Total	\$		
GRAND TOTAL RAISED:					

_____ # T-Shirts issued at Pre-Registration _____ # Caregivers present at the WALK
 _____ # Tickets issued at Pre-Registration _____ # Children* present at the WALK
 _____ # Participants present at the WALK *(age 0 to 17 years)

DO NOT fax or mail this form to the office

**Attach this form to the "Walker Registration Form(s)" and bring to Pre-Registration and/or
 Registration on Walk Day along with MONEY raised.
 ALZHEIMER'S ARKANSAS PROGRAMS AND SERVICES**