



# Walk of Love



# REGISTRATION PACKET



Alzheimer's  
Arkansas  
Caring for Caregivers

# 2022 Registration

We are excited to have the Alzheimer's Arkansas Walk of Love in person this year!

If you're a veteran to our walk, welcome back and thank you for joining us for this year's Walk of Love! If you're new to our walk, each one and its success, is essential to helping us raise necessary funding for caregivers in our state. We are excited to utilize new online tools to help make this year's process smoother and easier. All the tools you need to make your team's efforts successful can be found within this registration packet! You and your team's success makes such a huge impact to Arkansas' caregivers. Thank you!

Two ways you can register for 2022 Walk of Love:

1. **Registering online** - use the QR code below or by using this link [www.ALZark.org/walk](http://www.ALZark.org/walk).
2. **Mail in your application**, each registration packet includes an application.

In this packet you will find:

- Sponsorship/Vendor commitment forms
- Individual and team registration forms
- Team captain collection forms
- Walker Registration forms (all walkers in your group must sign)
- Walk event Waiver and Release of Liability Form



# 2022 Registration

## Teams

Each team designates a **Team Captain** to coordinate the team's efforts & act as a liaison with Alzheimer's Arkansas. The **Team Captain** is responsible to see that all forms are complete & turned in on/before Walk Day.

## **Types of Teams:**

- **Corporate Teams** – Co-workers, family members & friends from a business in the community, like Baldwin & Shell Construction, a hospital, nursing home or a motorcycle dealership.
- **Community Teams** - Friends &/or members of churches, clubs, sororities & other community-based organizations, like the Area Agency on Aging, Second Presbyterian Church or the Lions Club.
- **Family Teams** - Family members & friends who've been affected by Alzheimers or another type of dementia.

## **ALL TEAMS ARE ELIGIBLE FOR THE FOLLOWING RECOGNITION**

- Top Fundraising (\$) Team.
- Team with the Most (#) Members Present.  
Team size is judged by the number of participants present on Walk Day.
- Every team member is eligible to compete for prizes

## **What to do now**

- Register (complete and turn in your team's registration form)
- Start recruiting your team
- Earn a **Limited Edition 2022 Walk of Love T-shirt** with each gift of \$25 (limited quantities are available)
  - There are no registration fees to participate in the Alzheimer's Arkansas Walk of Love. However, we do suggest a \$10 donation per person to help cover food, drinks, and admission costs.
- Set a fundraising goal and develop a strategy to reach your goal



# 2022 Registration

## Pre-Registration (before the day of the walk)

- All WALKERS must sign the Walker Registration Form (paper) or sign up online at [ALZark.org/walk](http://ALZark.org/walk)
- **Team Captain**- complete the 2022 Team Captain Collection Form
  - Form that shares individual or team members names and the amount collected/raised
- Write the total at the bottom of the form
- Bring all signed walker forms and money to pre-registration
  - The **Team Captain** will receive T-shirts for each gift of \$25 and two door prize tickets for each team member (while supplies last)

## Day of the Walk

- ALL **Team Captain's** MUST check in at registration , even if you have pre-registered
- It is the responsibility of the **Team Captain** to register all members.
- Team size is judged by the number of participants present on the DAY OF THE WALK.
- Take pride in knowing that YOU are helping us make a difference in the lives of caregivers in Arkansas who are affected by Alzheimer's disease and related dementias!

**Donations are welcome if you are unable to attend.**

## To register:

- Online: [ALZark.org/walk](http://ALZark.org/walk)
- For paper forms:
  - Email: [info@alzark.org](mailto:info@alzark.org)
  - Fax: 501-227-6303
  - Mail: Alzheimer's Arkansas  
201 Markham Center Drive  
Little Rock, AR 72205



**Questions?** Contact the office at 501-224-0021 or email [info@alzark.org](mailto:info@alzark.org).

# Tips To Make Your Team's Fundraising Successful

## **Create a fundraising goal!**

When you create your team page, you are given the option to add a fundraising goal! This amount can be whatever you want it to be! You can even make it a fun friendly competition among your team members to see who can raise the most money! Teams that raise the most are recognized at the event!

## **Use the social share features**

At the top of your team page, you will see social media icons. Click the button to share to social media of your choices!

## **Payments**

Cash and Checks are still accepted! You can mail checks or drop payments by the office (201 Markham Center Drive, Little Rock, AR 72205). Just make sure to let us know what team it belongs to and we will get it added to your team page.

If you are a **Team Captain**, you may collect money and turn that all in on walk day.  
(This is the preferred way for teams.)

## **Let people know why you are participating!**

Tell people why this walk is important to you! Let them know your story and how they can help make a difference in the lives of caregivers.

# Alzheimer's Arkansas Walk of Love 2022 Individual or Team Registration Form



Yes, I/we will participate in Walk of Love

Walk Site: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_

## 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 of Love t-shirts and will need approximately the following:

\_\_\_\_\_ Child Small      \_\_\_\_\_ Child Medium      \_\_\_\_\_ Adult Small      \_\_\_\_\_ Adult Medium

\_\_\_\_\_ Adult Large      \_\_\_\_\_ Adult X Large      \_\_\_\_\_ Adult 2X Large      \_\_\_\_\_ 3X Large

**\*Alzheimer's Arkansas T-shirts are \$25 donation each while supplies last.**

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

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

**Please mail, email or fax this form to:**

**ALZHEIMER'S ARKANSAS** • 201 Markham Center Drive • Little Rock, AR 72205  
501-224-0021 • 800-689-6090 • Fax: 501-227-6303 • Web site: [www.alzark.org/walk](http://www.alzark.org/walk) • [info@alzark.org](mailto:info@alzark.org)

# The Alzheimer's Arkansas Walk of Love

## 2022 Team Captain's Collection Form

*(PLEASE PRINT)*

Circle the Walk you are registering for    Little Rock    Conway    Other

Team Name: \_\_\_\_\_

Company / Family / Organization Name: \_\_\_\_\_

Team Captain: \_\_\_\_\_ Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_

Team Category:    Community \_\_\_\_\_ Corporate \_\_\_\_\_ Family \_\_\_\_\_

**DESIGNATE ALL PROCEEDS TO TEAM CAPTAIN:    YES \_\_\_\_\_    NO \_\_\_\_\_**

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

\_\_\_\_\_ # T-Shirts issued at Pre-Registration  
 \_\_\_\_\_ # Tickets issued at Pre-Registration  
 \_\_\_\_\_ # Participants present at the WALK

**DO NOT fax or mail this form to the office**

***Attach this form to the "Multiple 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**

201 Markham Center Drive • Little Rock, AR 72205  
 501-224-0021 • 800-689-6090 • Website: ALZark.org/walk

# The Alzheimer's Arkansas Walk of Love 2022 Walker Registration Form

ANY/ALL WALKERS PRESENT ON WALK  
DAY MUST SIGN THIS FORM!

Page \_\_\_\_\_ of \_\_\_\_\_

Walk Site: \_\_\_\_\_ Date: \_\_\_\_\_

Team Captain or Individual Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

**WALK WAIVER AND RELEASE OF LIABILITY:** THE BELOW SIGNED PERSON(S), HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE ALZHEIMER'S ARKANSAS, SPONSORS OF THIS EVENT, OR ANY PERSONNEL, VOLUNTEERS, DIRECTORS, OFFICERS OF ALZHEIMER'S ARKANSAS OR ANY SPONSOR, OR ANY OTHER PARTICIPANT (COLLECTIVELY "RELEASEES"), FROM ANY AND ALL CLAIMS, CAUSES OF ACTION, DAMAGES, LIABILITIES OR EXPENSES (COLLECTIVELY, "CLAIMS"), THAT I(WE) MAY NOW OR HEREAFTER HAVE AGAINST RELEASEES ARISING FROM MY PARTICIPATION IN THIS EVENT AND AS TO (WE). EACH BELOW SIGNED PERSON ATTESTS THAT HE OR SHE IS PHYSICALLY FIT AND PREPARED FOR THIS EVENT AND THAT SUCH PERSON HAS READ AND UNDERSTOOD THIS WAIVER OF RIGHTS.

**PERMISSION FOR RELEASE OF INFORMATION:** THE BELOW SIGNED PERSON(S) GIVE PERMISSION TO A L Z H E I M E R ' S ARKANSAS TO USE ANY AND ALL INFORMATION FROM ALL INTERVIEW/PHOTO SESSIONS FOR PUBLICATION IN ANY AND ALL FUTURE PUBLICITY MATERIALS. THIS RELEASE INCLUDES DIRECT QUOTATIONS WITHIN NEWS ARTICLES, PHOTOGRAPHS OF MY LIKENESS, AND INFORMATION ABOUT MYSELF PERTAINING TO MY AFFILIATION WITH ALZHEIMER'S ARKANSAS. I UNDERSTAND THAT PHOTOS PUBLISHED WILL NOT BE USED FOR ANY COMMERCIAL PURPOSE AND WILL NOT PUBLISH THE IDENTITY OF ANY MINOR(S) PICTURED IN THE PHOTOGRAPHS PROVIDED.

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(or signature of Parent or Guardian if under 18)

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(or signature of Parent or Guardian if under 18)

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(or signature of Parent or Guardian if under 18)

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(or signature of Parent or Guardian if under 18)



**ANY/ALL WALKERS PRESENT ON WALK DAY MUST SIGN THIS FORM!**

Walk Site: \_\_\_\_\_ Date: \_\_\_\_\_

Team Captain or Individual Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

**WALK WAIVER AND RELEASE OF LIABILITY:** THE BELOW SIGNED PERSON(S), HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE ALZHEIMER'S ARKANSAS, SPONSORS OF THIS EVENT, OR ANY PERSONNEL, VOLUNTEERS, DIRECTORS, OFFICERS OF ALZHEIMER'S ARKANSAS OR ANY SPONSOR, OR ANY OTHER PARTICIPANT (COLLECTIVELY "RELEASEES"), FROM ANY AND ALL CLAIMS, CAUSES OF ACTION, DAMAGES, LIABILITIES OR EXPENSES (COLLECTIVELY, "CLAIMS"), THAT I(WE) MAY NOW OR HEREAFTER HAVE AGAINST RELEASEES ARISING FROM MY PARTICIPATION IN THIS EVENT AND AS TO (WE). EACH BELOW SIGNED PERSON ATTESTS THAT HE OR SHE IS PHYSICALLY FIT AND PREPARED FOR THIS EVENT AND THAT SUCH PERSON HAS READ AND UNDERSTOOD THIS WAIVER OF RIGHTS.

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