

A close-up, low-angle shot of several runners' legs and feet in motion on a paved surface. The runners are wearing various athletic shoes, including red and white sneakers and blue and black sneakers. The background is blurred, suggesting a race or group walk event.

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.
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
- **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
- For paper forms:
 - Email: 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.

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 • 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 Hot Springs 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	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
 _____ # 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)

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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 (COLLETIVELY, "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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ADDRESS:			
CITY:	STATE:	ZIP:	PHONE:
SIGNATURE:			DATE:
(or signature of Parent or Guardian if under 18)			

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CITY:	STATE:	ZIP:	PHONE:
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CITY:	STATE:	ZIP:	PHONE:
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ADDRESS:			
CITY:	STATE:	ZIP:	PHONE:
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