

# Alzheimer's Arkansas Walking on Sunshine



# REGISTRATION PACKET

40TH ANNIVERSARY



Alzheimer's  
Arkansas  
A Community for Caregivers  
Since 1984

# 2024 Registration

We are excited to have you as part of the Alzheimer's Arkansas Walking on Sunshine event! If you're a veteran to our walk, welcome back and thank you for joining us for this year's Walk! 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:  
<https://www.alzark.org/alzheimers-arkansas-walk-of-love/>
2. **Mail in your application**, each registration packet includes an application.

To start fundraising: scan QR Code, pick your town, and click on walk.

In this packet you will find:

- Sponsorship/Vendor commitment forms
- Individual and team registration forms
- Team captain collection forms
- Waiver and Release of Liability Form



SCAN ME



**Registration for Walk Teams and Sponsorship NOW OPEN**

**WALKING ON SUNSHINE**  
Alzheimer's Arkansas  
CELEBRATING 40 YEARS!

LITTLE ROCK- LR ZOO  
HELENA-UAMS EAST  
CONWAY- BUZZ BOLDING ARENA  
HOT SPRINGS- EXCHANGE ST. PARKING PLAZA  
NLR HOLIDAY HUSTLE - TBD

AUGUST 10, 2024  
SEPTEMBER 7, 2024  
OCTOBER 12, 2024  
OCTOBER 19, 2024  
DECEMBER 7, 2024

REGISTRATION AT 8:30 AM  
EVENT STARTING AT: 9:00 AM

ALZHEIMER'S ARKANSAS  
201 Markham Center Drive ● Little Rock, AR 72205  
Phone: 501-224-0021 ● Fax: 501-227-6303  
[www.alzARK.org/walk](http://www.alzARK.org/walk) ● [info@alzark.org](mailto:info@alzark.org) ● Tax ID: 71-0590114

# 2024 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 for seeing that all forms are complete & turned in on/before the event.

## **Types of Teams:**

- **Corporate Teams** – Co-workers, family members & friends from a business in the community, like FAB&T, a hospital, or clinic, a nursing home or even a motorcycle dealership.
- **Community Teams** - Friends &/or members of churches, clubs, sororities & other community-based organizations, like Area Agency on Aging, Second Presbyterian Church, or the Lions Club.
- **Family Teams** - Family members & friends who've been affected by Alzheimers or any type of dementia.

## **All team are eligible for the following awards**

- Top Fundraising (\$) Team.
- Team with the Most (#) Members Present on Event Day

## **What to do now**

- Register (complete and turn in your team's registration form).
- Start recruiting your team.
- Set a fundraising goal and develop a strategy to reach your goal.
- Earn a **2024 Walking on Sunshine T-shirt** with each gift of \$25 (limited quantities are available).



# 2024 Registration

## Pre-Registration

### *For Teams*

- All participants must sign the Registration/ Waiver Form (paper).
- **Team Captain**- complete the 2024 Team Captain Collection Form.
- Write the total at the bottom of the form.
- Bring all signed participant 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).

## Event day

### *For Teams*

- 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 EVENT.
- 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 or other related dementias!

**DONATIONS ARE WELCOME EVEN IF YOU ARE UNABLE TO ATTEND.**

<https://www.alzark.org/donate/>

## **To register:**

- Online: <https://www.alzark.org/alzheimers-arkansas-walk-of-love/>
- 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



**SCAN ME**

**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

**Team Fundraising--Turn passion into prosperity and make fundraising more fun as part of a team.**

## **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!

Scan QR Code or visit <https://www.alzark.org/alzheimers-arkansas-walk-of-love/> - Click on WALK under your city to register your team.

On the Campaign Page, scroll down and click on "I Want to Fundraise For This" button.

This will take you to the "Choose a Fundraising Option" webpage, where you should see two boxes: "Fundraising as a team?" and "Fundraising on your own?" These contain three buttons: "Join a Team," "Create a Team" and "Create my own page." Each button in the "Fundraising as a team?" box launches a process that will be followed by team leaders or team members. Share the direct link to this page so your community can access the "Choose a Fundraising Option" webpage directly. Fundraisers can only be on one team per Campaign.

**Next, start fundraising! Awards go to most funds raised in your category!!**

## **Payments**

Cash and Checks are accepted. You can mail checks or drop payments by the Alz ARK office at 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 at the event.

***(This is the preferred way for teams.)***

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

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

# 2024 Walking on Sunshine Individual or Team Registration Form



Yes, I/we will participate!

Event location: \_\_\_\_\_ 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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

## 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 AlzArk Walking on Sunshine 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 available for a \$25 donation each while supplies last.**

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

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

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

**ALZHEIMER'S ARKANSAS** • 201 Markham Center Drive • Little Rock, AR 72205  
501-224-0021 • Fax: 501-227-6303 • info@alzark.org • www.alzark.org

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

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

**Walking on Sunshine**  
**2024 Team Captain's Collection Form**  
*(PLEASE PRINT)*

Fill in city of Event you are registering for: \_\_\_\_\_

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"/>	Present on Walk Day
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.**

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

# 2024 Walker Registration Form

## Walking on Sunshine

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

Event 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.

**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!**

**Event 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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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)			

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