

Alzheimer's Arkansas Walking on Sunshine



REGISTRATION PACKET



Alzheimer's
Arkansas

2025 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 2025 Walking on Sunshine event:

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



Registration for Walk Teams and Sponsorship
NOW OPEN

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

Alzheimer's Arkansas
2025 ALZ ARK WALKING ON SUNSHINE

SATURDAY, SEPTEMBER 6, 2025
UAMS EAST
1393 HIGHWAY 242 SOUTH,
WEST HELENA, AR 72390

SATURDAY, OCTOBER 4, 2025
BUZZ BOLDING ARENA -
CONWAY HIGH SCHOOL
2300 PRINCE STREET
CONWAY, AR 72034

Awards given out to the team with most participants present, biggest fundraisers, and best banner in your category.

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

SCAN ME

2025 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 **2025 Walking on Sunshine T-shirt** with each gift of \$25 (limited quantities are available).



2025 Registration

Pre-Registration

For Teams

- All participants must sign the Registration/ Waiver Form (paper).
- **Team Captain**- complete the 2025 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
 - 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.

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.

2025 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
2025 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 _____

| | | | | | CHECK <input type="checkbox"/> |
|---|--|---------------------------------|------------------------------|-----------------|--------------------------------|
| 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 | Present on Walk Day |
| 1 | | | | | |
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| 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.

2025 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 (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 ALZHEIMER'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) | | |

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

Event Site: _____ Date: _____

Team Captain or Individual Name: _____ Team Name: _____

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| (or signature of Parent or Guardian if under 18) | | | |

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