

Solving the puzzle
one step at a time

For more information
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5th Annual Walk 4 Autism Awareness



Saturday April 17th 2010

Destin Middle School

4608 Legendary Marina Drive

Destin, FL 32541

9-12pm

PLEDGE FORM

Sponsor _____ Phone _____ Donation \$ _____

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Sponsor _____ Phone _____ Donation \$ _____

Sponsor _____ Phone _____ Donation \$ _____

TOTAL AMOUNT OF ALL DONATIONS ENCLOSED \$ _____

REGISTRATION

Please complete this form and mail with check payable to
Emerald Coast Autism Society
8668 Navarre Parkway # 216, Navarre, FL 32566

Registration will also be accepted on the day of the event and shirts available for purchase but with no guarantee of special or children sizes.

Name _____

Address _____

Email _____

Phone _____

I am walking with a team. My team's name is:

Walker Names and T-Shirt sizes.

(T-shirts \$10.00 each. One free T-shirt with each \$100 raised to the first 250 people registered)

Amount enclosed for T-shirt order \$ _____

Name _____ Size _____

Name _____ Size _____

Name _____ Size _____

Name _____ Size _____

T-shirt sizes available: YS YM YL S M L XL XXL XXXL

Waiver: In consideration of myself and or my minor child being permitted to participate in the Walk 4 Autism Awareness, I hereby for myself, my heirs and personal representatives- assume any and all risk which might be associated with the event. I further waive, release , discharge and covenant not to sue Emerald Coast Autism Society, its officers, sponsors, organizers, volunteers of other representatives or any injuries or damages of any kind whatsoever suffered by myself and or my minor child as a result of taking part in the events and any related activities. I also authorize the use by Emerald Coast Autism Society any photo, film or videotape taken of me or my minor child at the event for any purpose.

Signature _____ Date _____