

Walker Registration Form

Walker's Name (one form per Walker): _____
 Team Name (if applicable): _____
 Address: _____
 City: _____
 Home Phone: _____ Work Phone: _____
 E-mail: _____

___ I will be unable to participate as a Walker,
 but I have enclosed a general donation in the amount of \$_____

**Please Note: All contributions must be turned in on the day of
 Walk in order to be eligible for prizes.**

INSTRUCTIONS:

1. PRINT all information
2. Make CHECKS PAYABLE TO:
 Parkinson's Unity Walk (please don't attach
 checks to forms)
3. PRINT your name in the memo section of all checks.
4. FOR CASH DONATIONS, write a check, get a
 money order, or use a credit card to cover the cash
 amount. Please, DO NOT mail cash.
5. If you plan to participate in the Sunnyvale Parkinson's
 Walk, bring this form along with your donor's checks &
 money orders. If unable to attend the day of the Walk,
 send this form along with your checks to: Donna Kos,
 6073 Elmbridge Dr.,
 San Jose, CA 95129

Sponsor's Full Name	Address	City, State, Zip	Check #	Credit Card Number (Visa, MasterCard, Amex, Discover)	Exp. Date	Amount Paid
Sample: John Smith	123 First Street #15A	New York, NY 10000	5678	5432123412341234	9-Oct	\$100
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Total						

Waiver: I hereby waive all claims against the Parkinson's Unity Walk, sponsors or any personnel for any injury I might suffer at this event.

I grant full permission for organizer to use photographs of me in the legitimate accounts and promotions of this event.

 Signature of Participant

 Parent or Guardian, if participant is less than 18 years of age

Parkinson's Unity Walk P.O. Box 275 Kingston, NJ 08528 • www.unitywalk.org • 1-866-PUW-WALK • 1 (866) 789-9255
 Parkinson's Unity Walk is a 501©(3) corporation. Your donations are tax deductible