

Autism Awareness Walk

Team Registration Form

- Autism Awareness Walk sponsored by the Autism Society of the Quad Cities
- **SATURDAY, APRIL 18th**, registration begins at 8:45 am; Walk begins at 9:30 am
- Augustana's PepsiCo Recreation Center – 1025 30th St, Rock Island, IL
- Kids Activities ~ Awareness Items to purchase ~ Walk is indoors so come rain or shine!

Mail this form along with your registration fee, no later than
March 18th, 2009
to the address on page 2 in order to guarantee a T-shirt the day
of the Walk.

TEAM LEADER – Contact Person

First Name _____ Last Name _____

Address _____

City, State, Zip _____

Phone (_____) _____ Email _____

If you have a family member on the autism spectrum, may we add your email address to our mailing list?

Yes _____ No _____

Team Registration Fee: \$120 – Includes 8 people \$ _____

Team Leader _____ Shirt Size _____

Team Member _____ Shirt Size _____

Team Member _____ Shirt Size _____

Team Member _____ Shirt Size _____

Team Member _____ Shirt Size _____

Team Member _____ Shirt Size _____

Additional Team Members: \$12.00 per person

Team Member _____ Shirt Size _____

Team Member _____ Shirt Size _____

Team Member _____ Shirt Size _____

You may list additional team members on the back of this page if needed

_____ Additional people at \$12.00 each \$ _____

Please indicate if you need adult or youth size

TOTAL \$ _____

Adult: Small Medium Large XL XXL XXXL

Child: XSmall Small Medium Large

ASSUMPTION OF RISK, RELEASE, AND INDEMNITY AGREEMENT: In return for participating in the event and the use of the facilities, the undersigned registrant(s) assume(s) all risks involved in or arising from this event and agree(s) to release and hold harmless the Autism Society of the Quad Cities, Augustana College, and their employees and volunteers from any liability caused by or arising out of this event or use of the facilities. I/we also hereby grant the released parties the right to photograph and/or videotape me/us and further to use my/our name, face, likeness, voice, words, and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation.

Signature of Team Leader _____

Signature of Team Member _____

Signature of Team Member _____

Signature of Team Member _____

Signature of Team Member _____

Signature of Team Member _____

Signature of Team Member _____

Signature of Team Member _____

Signature of Parent/Guardian if entrant is under 18 _____

Signature of Parent/Guardian if entrant is under 18 _____

Signature of Parent/Guardian if entrant is under 18 _____

Signature of Parent/Guardian if entrant is under 18 _____

Signature of Parent/Guardian if entrant is under 18 _____

Signature of Parent/Guardian if entrant is under 18 _____

To guarantee a T-shirt, mail-in registrations MUST be postmarked by
March 18th, 2009.
Please make checks payable to Autism Society of the Quad Cities and mail
check to:
ASQC • P.O. Box 472 • Bettendorf, IA 52722

*Registrants will be accepted after March 18th, as well as the day of the Awareness Walk.
However, T-shirts will depend on availability and are not guaranteed with late or on-site registration.*

***PARKING AVAILABLE AT LOT SIGNALLED BY BALLOONS ONE BLOCK
NORTH OF PEPSICO ON 30TH STREET***