



AUTISM AWARENESS WALK
Team Registration Form

SATURDAY, APRIL 17, 2010

Registration begins @ 8:45 am; Walk begins @ 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 16th, 2010
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 \$ _____ (additional team members @ \$12/pp)

Size options for t-shirts: Adult= Small Medium Large XL XXL XXXL; Child= XSmall Small Medium Large

Team Leader _____ Shirt Size _____

Team Member _____ 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 _____

Team Member _____ Shirt Size _____

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

TOTAL REGISTRATION FEE: (\$120 for up to 8; \$12 for ea. Additional) \$ _____

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 16th, 2010.**

**Please make checks payable to Autism Society of the Quad Cities &
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 THE PEPSICO CENTER ON 30TH STREET**