

REGISTRATION FORM



Thank you for registering for AIDS Walk New York, to be held on Sunday, May 19, 2019.

If you can't attend the Walk, register and wear a red ribbon on the day of the event to show your support!

Please return this completed form to the AIDS Walk New York office.

Scan and email it to awnyteams@aidswalk.net.

To register online, visit ny.aidswalk.net. If you have any questions, call us at 212.807.WALK.

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*Incomplete or illegible information will not be processed.

Be sure to write with blue or black ink and provide at minimum the first and last name and either an email address or complete postal address of each Walker.

Full Name:	Full Name:
Email:	Email:
Address:	Address:
Apt./Floor City: State: ZIP:	Apt./Floor City: State: ZIP:
Phone #:	Phone #:
□ I'd like to set a goal to raise \$1,000 and join the Star Walkers Club™.	□ I'd like to set a goal to raise \$1,000 and join the Star Walkers Club™.
□ I won't be at the event but would like to register as a Virtual Walker.	□ I won't be at the event but would like to register as a Virtual Walker.
☐ I'd like to help volunteer with the event.	□ I'd like to help volunteer with the event.
Optional (please circle):	Optional (please circle):
*T-shirt size: S M L XL XXL (If you raise \$150, you earn a T-shirt.)	*T-shirt size: S M L XL XXL (If you raise \$150, you earn a T-shirt.)
Gender: M F T	Gender: M F T
Age: 12 & under 13-17 18-24 25-34 35-44 45-54 55+	Age: 12 & under 13-17 18-24 25-34 35-44 45-54 55+
Team Name:	Team Name:
Full Name:	Full Name:
Email:	Email:
Email:	Email:
Email:	Email:
Email: Address: Apt./Floor	Email:
Email:	Email:
Email:	Email:
Email: Address: Apt./Floor City: State: ZIP: Phone #: □ I'd like to set a goal to raise \$1,000 and join the Star Walkers Club™.	Email: Address: Apt./Floor City: State: ZIP: Phone #: □ I'd like to set a goal to raise \$1,000 and join the Star Walkers Club™.
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Email:	Email: