

REGISTRATION FORM

Thank you for registering for the 35th annual AIDS Walk New York!

If you can't attend the Walk, register as a **Virtual Walker** 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 <u>nv.aidswalk.net</u>. If you have any questions, call us at 212.807.WALK.

*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:
Linan.	Linan.
Address:	Address:
Apt./Floor	Apt./Floor
City:State:ZIP:	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:
Full Name:	Full Name:
Email:	
Email:	Email:
Email: Address: Apt./Floor	Email: Address: Apt./Floor
Email:	Email: Address: Apt./Floor City: State:ZIP:
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:	Email:
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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™. 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. Optional (please circle):
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Address:	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™. 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. Optional (please circle): *T-shirt size: S M L XL XXL (If you raise \$150, you earn a T-shirt.) Gender: M F T	Email:

^{*}As a **Star Walker**, there is no requirement to reach the \$1,000 goal. However, walkers who set high goals *raise more money*!
***T-shirts** are provided as a Fundraising Award. Visit ny.aidswalk.net to see what other awards you can earn by fundraising!