



Walk4ALZ Registration Form

Please visit our website to register: <http://www.alzoc.org/walkrun> or use this form and mail to: **2515 McCabe, Suite 200, Irvine, CA 92614, Attn: Walk/Run**

Participant Information

First Name: _____ Last Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

<i>I Want To...</i>	
<input type="checkbox"/> Start a team:	Team Name: Team Fundraising Goal: \$
<input type="checkbox"/> Join a team:	Team Name: Personal Fundraising Goal: \$
<input type="checkbox"/> Walk as an individual:	Personal Fundraising Goal: \$

Waiver and Release of Liability:

I hereby waive all claims against the Alzheimer’s Orange County, sponsors or any personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

Signature: _____ **Date:** _____

I would like to make a donation

\$1,000 \$500 \$250 \$100 \$50 Other Amount: \$ _____

Enclosed is my Cash Donation

Enclosed is my check. **(Payable to Alzheimer’s Orange County)**

Please charge my Visa Card MasterCard American Express Discover

Credit Card Number: _____

Expiration Date: _____ CVC: _____

Signature: _____ Today’s Date: _____