



PRESENTED BY



REGISTRATION FORM

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.

***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 an email address.**

| | |
|---|---|
| <p>Full Name: _____ Email: _____ Address: _____ Apt./Floor _____ City: _____ State: _____ ZIP: _____ Phone#: _____</p> <p>I'd like to join the Star Walkers Club™ (\$1,000 goal): Yes _____ No _____</p> <p>Optional (please circle): *T-shirt size: S M L XL XXL (If you raise \$150, you earn a T-shirt.)</p> <p>Gender: M F T Age: 12 & under 13-17 18-24 25-34 35-44 45-54 55+</p> <p>Team Name: _____</p> | <p>Full Name: _____ Email: _____ Address: _____ Apt./Floor _____ City: _____ State: _____ ZIP: _____ Phone#: _____</p> <p>I'd like to join the Star Walkers Club™ (\$1,000 goal): Yes _____ No _____</p> <p>Optional (please circle): *T-shirt size: S M L XL XXL (If you raise \$150, you earn a T-shirt.)</p> <p>Gender: M F T Age: 12 & under 13-17 18-24 25-34 35-44 45-54 55+</p> <p>Team Name: _____</p> |
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*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!