Registration Form

My Donation Page

POAC Walk For A Difference!

Please check one:

I am ☐ Team Captain ☐ Team Member ☐ Individual Walker

☐ I have already registered online.

Walk Date: _____

Team Name: _____

☐ My child has autism

☐ My family member has autism

☐ My friend's family is touched by autism

☐ I work with and/or educate those with autism

☐ I am a person with autism.

☐ I do not know anyone touched by autism

Name

Address

City, State, Zip

Telephone

Email

Earn a Walk T Shirt

All participants who raise $100 or more will receive an official Walk For A Difference t-shirt.

All walkers are encouraged to collect donations in advance and bring them to the Walk. Walkers are also encouraged to convert all cash to a check. Your cancelled check serves as a receipt.

Waiver (Each participant must sign below) I, the undersigned, agree to indemnify and hold harmless POAC from all cost, expense and liability arising out of my or my child's participation in this event to benefit POAC. I do hereby waive all claims for damage or loss to me or my child's person or property which may be caused by an act, or a failure to act, by POAC, its officers, agents, or employees arising directly or indirectly from my or my child's participation in this event; and I hereby assume liability for any loss, damage or other liability from such event. I grant full permission for organizers to use photos, videos, film or any record of this event in which I may appear for any legitimate purpose. Participants under 18 must have this form signed by a parent or guardian.

Signature of Participant/Parent/Guardian Date

Donor's Name	Check #	Cash	Total Enclosed

Total Turned In Today

Total Raised Online _____

Total Raised

Make all checks payable to:

POAC

1989 Route 88

Brick, NJ 08724