



# Upstate NY Autism Alliance

## 12th Annual "Walk for a Difference" Sponsor Form

Please bring this form along with all donations to the walk on May 5<sup>th</sup>

	Sponsor's Name	Address/City/State/Zip	Pledge Amount	Paid
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Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Team

Name: \_\_\_\_\_ Additional Team Members: \_\_\_\_\_

TOTALS: # of pledges \_\_\_\_\_ Amount raised \$ \_\_\_\_\_

Event minimum is \$10 per person with individuals who raise \$50 or more receiving a walk t-shirt (\*\*\*\*while supplies last).

Please make checks payable to Upstate NY Autism Alliance (UNYAA)

By submitting this form or by participating in the event, I (we) hereby waive and release any and all rights and claims for damages that I (we) may have against you, the location where the event will take place, as well as any person connected with Upstate NY Autism Alliance, their heirs, executors and successors for any and all injuries that I or anyone on my team may suffer while taking part in the event. I (we) consent to the taking of photos/videos at the event which UNYAA may use for promotion. I understand I am signing for myself, my family and team members.

Please Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_