

# Walk for Autism - May 1, 2011

## Sponsor Sheet

### UNIVERSITY OF NEW ENGLAND

BIDDEFORD, ME

11:00 AM - 12:00 PM - REGISTRATION

12:00 PM - WALK FOR AUTISM

(2 MILES)

### FARMINGTON FAIRGROUNDS

FARMINGTON, ME

11:00 AM - 12:00 PM REGISTRATION

12:00 PM - WALK FOR AUTISM

(2 MILES)

### UNIVERSITY COLLEGE OF BANGOR

BANGOR, ME

11:00 AM - 12:00 PM REGISTRATION

12:00 PM - WALK FOR AUTISM

(2 MILES)

## Personal Information

To register please fill out form and print off for your records

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: ME Zip: \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email Address \_\_\_\_\_

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## Walker Information

I am walking: \_\_\_\_\_ as an individual/family \_\_\_\_\_ Bangor or (please choose site)  
\_\_\_\_\_ as a team member \_\_\_\_\_ Biddeford  
\_\_\_\_\_ Farmington

## Team Information

Team name: \_\_\_\_\_

Contact person: \_\_\_\_\_

Contact number: \_\_\_\_\_

## Donation Information

\_\_\_\_\_ I would like to donate now using a credit card - see below

\_\_\_\_\_ I will donate at the event

## Credit Card Information

Donation Amount: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(*visa or Mastercard only*)

Expiration Date: \_\_\_\_\_

(*mm/yy*)

