

Walk for Autism - April 26, 2020

Pledge Sheet

ALL 4 WALKS: REGISTRATION 11:00AM - 12:00PM *WALK BEGINS AT 12:00PM* ALL WALKS 1.5 to 2 MILES

UNIVERSITY OF MAINE, BANGOR, ME

CAPE ELIZABETH HIGH SCHOOL
CAPE ELIZABETH, ME

FARMINGTON FAIRGROUNDS
FARMINGTON, ME

FRYEURG FAIRGROUNDS
FRYEURG, ME

PLEASE NOTE: There will be no t-shirts for sale at the Walk, you will have the option to purchase at the online registration site.

If you are registering in person and would like to pre-order a t-shirt by April 10th, call ASM: 1-800-273-5200. Thank you!

More info www.asmonline.org/get-involved/walk-for-autism.aspx

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 _____

Walker Information

I am walking: _____ as an individual/family _____ Bangor
_____ as a team member _____ Cape Elizabeth (please choose site)
_____ Farmington
_____ Fryeburg

Team Information

Team Name: _____

Team Captain: _____

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: _____ Phone: _____

Cardholder's Name _____

Cardholder's Address _____

Credit Card Number: _____ - _____ - _____ - _____

3 digits on back of card _____ Expiration Date _____

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Waiver Form:

I, the undersigned, agree to indemnify and hold harmless the Autism Society of Maine from all cost, expense and liability arising out of my or my child's participation in this event to benefit autism awareness. I do hereby waive all claims for damage or loss to me or my child's person or property which may be caused by any act, or failure to act, by the Autism Society of Maine, its officers, agents or employees arising directly or indirectly from me or my child's loss, damage or other liability from such event. I give permission for ASM to use any videos or pictures taken at the Walk for Autism for their website, newsletter, or other promotions.

Signature

Date

Suggested minimum pledge is \$10. Contributions are tax deductible. PLEASE PRE-PAY. Make checks payable to: ASM

Sponsor's Name	Address/City	Zip	Phone	Amount Collected

Proceeds from the walk go towards our summer camp program, family retreat weekend, autism information specialist program, and 5% will go toward overhead cost.

Arrive at walk between 11:00 am to 11:30 am
Rain or Shine

Please total prior to walk and bring all money to to walk registration table	Total Collected:
	\$