

REGISTRATION / DONATION FORM

I am walking: My donation: \$ _____
 I am unable to attend: My donation: \$ _____

Check enclosed (payable to Support Connection)

Charge my credit card:
 VISA MC AMEX Discover

Card #: _____

Card Expiration: _____

Signature: _____

Sorry, no charges the day of the Walk.

Donations from Collection Form: \$ _____
TOTAL ENCLOSED: \$ _____

I am enclosing my company's Matching Gift Form

Forms & donations can be mailed or faxed to
Support Connection,
40 Triangle Center, Suite 100
Yorktown Heights, NY 10598
 Fax: (914) 962-1926
 Or you may register and donate online at:
www.supportconnection.org
 Additional donations may be collected until October 31, 2011 using the attached collection form.
 All walking participants, including children, must register!
 Questions? Call us: (914) 962-6402



Raise Money for the Walk Online!

- Go to www.firstgiving.com/supportconnection & get started now!
- Connect to family, friends and co-workers near & far.
- Create your own page – it's fast & simple!
- Perfect for teams or individuals.
- If you can't attend the Walk, you'll feel like you're there with *Firstgiving!*
- Donations are secure & come directly to Support Connection.
- Questions? Call Support Connection at 914-962-6402.

BE A RAY OF HOPE CHAMPION!

Ray of Hope Champions are:

- INDIVIDUALS who turn in \$1,000 or more in donations BEFORE the day of the Walk.
- TEAM CAPTAINS whose TEAM turns in a total of \$2,000 or more in donations BEFORE the day of the Walk.

Ray of Hope Champions will receive:

- Our *Ray of Hope Champion* ribbon to wear at the Walk
- Your name on our *Ray of Hope Champions* display at the Walk
- Your name included in a *Ray of Hope Champions* thank-you ad in the local newspaper and listed in our newsletter.

SUPPORT-A-WALK TEE-SHIRTS

To receive a 2011 Support-A-Walk tee-shirt, register & donate (online, by mail or in person) BEFORE THE DAY OF THE WALK!

- Turn in \$50 in donations BEFORE the day of the Walk. Each additional shirt is \$25 in donations.
- PICK UP TEE SHIRTS AT OUR OFFICE BEFORE THE DAY OF THE WALK.
- We regret that we cannot deliver or reserve tee-shirts for pick-up at the Walk. If tee-shirts remain they will be available at the Walk on a first-come, first-serve basis.



Logo design by Meg Brinley

OFFICE HOURS FOR REGISTRATION AND TEE-SHIRT PICKUP
Weekdays, 10AM-5PM
Extended weekdays, Sept. 19-30: 10AM-7PM
Saturday, Sept. 24: 9AM-2PM

YOUR NAME _____ PHONE NUMBER _____

STREET ADDRESS _____ CITY, STATE ZIP _____

EMAIL ADDRESS _____ CELL PHONE NUMBER _____

TEAM NAME (IF APPLICABLE) _____ TEAM CAPTAIN _____

Anticipation Waiver and Agreement (unsigned waivers will not be processed)
 I hereby attest that I am physically qualified to participate in this Walk. I understand that I should not enter and walk unless I am medically able and properly trained. I agree to abide by any decisions of the Walk official relative to my ability to safely complete the walk. I assume all risks associated with walking in this event including but not limited to: falls, contact with other participants, the effects of the weather, traffic and conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf waive and release the Taconic Road Runners Club, Support Connection, Inc., FDR State Park, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the person named in this waiver. I understand that bicycles, skateboards, roller skates or blades and radio headsets are not allowed in the Walk, and I will abide by this guideline. I grant permissions to all of the foregoing to use any photographs, motion pictures, records, or any other record of this event for any legitimate purpose.

Signature(s) _____ Date _____

Parent or Guardian Signature _____ Date _____
 if under 18 _____

THIS FORM MAY BE PHOTOCOPIED

FOR OFFICE USE ONLY				
Date Received _____	Total Amt. Received _____	Check Amt. _____	Cash Amt. _____	Credit Card Amt. _____
No. of Registered Walkers _____	Check #(s) _____			

IF COLLECTING DONATIONS PLEASE COMPLETE AND SUBMIT COLLECTION FORM (ATTACHED)