

Registration Form

PEACE, LOVE, AUTISM Run/Walk



Saturday, September 17th, 2016 –Tipton Park
Run Time: 9:00 am Walk Time: 11:00 am

Adult \$20 / Children (12 & under) \$10
Run Fees: \$25.00
Includes Technical Run / Walk T-shirt

Register as a walker or donor by completing the registration form and mailing it with registration fee(s) to the Autism McLean by August 26, 2016. Any registrations received after that date or those registering at the park prior to the event will receive a size large t-shirt while they last.

Collect donations to meet your personal goal and help the Autism McLean continue supports in the community. Donations are welcome the day of the event. Please turn donation(s) in at the registration table before you walk. Prizes will be given for the highest donors.

Please mail this form and your registration fee(s) to:

Autism McLean, 2404 East Empire, Suite 231, Bloomington, IL 61704

Registration forms may be completed at: www.autismclean.org. Please register by September 2, 2016

I will be: ___ Running ___ Walking / Info: Age ___ Gender: Male Female

Name(s): _____

Team Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

T-Shirt Size (Must be received by August 26, 2016)

Walk Fees: Adult \$20 / Children (12 & under) \$10

Run Registration Fees: \$25.00

Adult
S M L XL 2XL 3XL 4XL

Child
S M L

1.	Name:		Shirt:	<input type="checkbox"/>	Adult	<input type="checkbox"/>	Child	Child Age?		Size:	
2.	Name:		Shirt:	<input type="checkbox"/>	Adult	<input type="checkbox"/>	Child	Child Age?		Size:	
3.	Name:		Shirt:	<input type="checkbox"/>	Adult	<input type="checkbox"/>	Child	Child Age?		Size:	
4.	Name:		Shirt:	<input type="checkbox"/>	Adult	<input type="checkbox"/>	Child	Child Age?		Size:	
5.	Name:		Shirt:	<input type="checkbox"/>	Adult	<input type="checkbox"/>	Child	Child Age?		Size:	
6.	Name:		Shirt:	<input type="checkbox"/>	Adult	<input type="checkbox"/>	Child	Child Age?		Size:	

Total Adults _____ **Total Children:** _____ **Registration Fee Included:** _____

Waiver: I hereby waive all claims against the Autism McLean, the sponsors or any individuals for any injury which I may suffer on behalf of myself, my heirs, executors, administrators or assigns. I agree to cooperate with the officials in charge of the event and attest that I am physically fit and prepared for this event.

Signature (Parent or Guardian if under 18)

I give Autism McLean permission to use photo's taken at the walk for the purpose of autism awareness and publicity.

Signature

Date