

**NAF WALK N' ROLL
REGISTRATION FORM**

WALK SITE: GEORGETOWN, TX, OCTOBER 1, 2011 BEGINNING AT 9:00A

- YES, I WILL WALK TO SUPPORT ATAXIA RESEARCH AND PROGRAMS FOR ATAXIA FAMILIES.**
I AM WALKING IN MEMORY/HONOR OF: _____
- YES, MY COMPANY HAS A MATCHING GIFT PROGRAM AND I WILL CONTACT THEM.**
- MY FUNDRAISING GOAL IS \$_____. (**MINIMUM REQUIRED TO PARTICIPATE IS \$25 PER WALK N' ROLLER**)
- I WILL SOLICIT MY COMPANY FOR SPONSORSHIP OR IN-KIND DONATION. PLEASE CONTACT ME.
- I AM UNABLE TO PARTICIPATE BUT PLEASE ACCEPT MY DONATION OF \$_____.
- PLEASE SEND ME INFORMATION ON HOW I CAN BECOME A MEMBER OF NAF.
- EMAIL PHONE MAIL

FULL NAME: _____

STREET ADDRESS*: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____-_____ EMAIL: _____

***ALL DONORS ARE ADDED TO NAF'S MAILING UNLESS SPECIFIED OTHERWISE BY THE INDIVIDUAL DONOR**

- PLEASE EXCLUDE ME FROM NAF'S MAILING LIST.

PAYMENT METHOD (CASH WILL NOT BE ACCEPTED)

- CHECK/MONEY ORDER

MAKE CHECKS/MONEY ORDERS PAYABLE TO: [THE NATIONAL ATAXIA FOUNDATION](#) OR [NAF](#)

- VISA MASTERCARD

VISA/MASTERCARD NUMBER: _____

EXPIRATION DATE: _____/_____/_____

I AUTHORIZE THE AMOUNT OF: \$_____

CARDHOLDER NAME: _____

CARDHOLDER SIGNATURE: _____

CARDHOLDER PHONE NUMBER: (_____) _____-_____

WALK N' ROLLERS PLEASE COMPLETE THE FOLLOWING INFORMATION:

PLEASE ENCLOSE ALL CHECKS/MONEY ORDERS IN YOUR WALKER ENVELOPE AND HAND IN AT THE REGISTRATION DESK THE DAY OF THE EVENT.

HOW MANY CHECKS/MONEY ORDERS ARE ENCLOSED IN THE WALKER ENVELOPE? _____

TOTAL AMOUNT COLLECTED: \$_____

BY PARTICIPATING IN THE NAF WALK N' ROLL, I, MY HEIRS, EXECUTORS, AND ADMINISTRATORS HEREBY WAIVE ALL RIGHTS AND CLAIMS AGAINST THE NATIONAL ATAXIA FOUNDATION, ITS SPONSORS, ORGANIZERS, GROUPS, WALK N' ROLL OFFICIALS, ADMINISTRATORS, OR ANY OTHER ORGANIZATION OR INDIVIDUAL ASSOCIATED WITH THIS EVENT. FURTHERMORE, I GRANT FULL PERMISSION TO THE NATIONAL ATAXIA FOUNDATION AND ORGANIZERS TO USE PHOTOGRAPHS OF ME IN REASONABLE DEPICTION OF THE EVENT.

SIGNATURE OF WALK N' ROLLER
(PARENT/GUARDIAN IF UNDER 18 YEARS OF AGE)

DATE

PARENT / GUARDIAN PRINTED NAME

THIS FORM MUST BE RECEIVED TO PARTICIPATE.
IT MAY BE SENT IN ADVANCE TO THE [CENTRAL TEXAS IAAD EVENT COORDINATOR](#)
OR YOU MAY HAND IT IN AT THE REGISTRATION DESK THE DAY OF THE EVENT.