

POAC Walk For A Difference!

Please check one:

- I am Team Captain Team Member Individual Walker
 I have already registered online.

Walk Date: _____

Team Name: _____

- My child has autism My family member has autism
 My friend's family is touched by autism I work with and/or educate those with autism
 I am a person with autism. I do not know anyone touched by autism

 Name

 Address

 City, State, Zip

 Telephone

 Email

Fundraising Rewards

All participants who raise \$100 or more will receive an official Walk For A Difference t-shirt.

Visit us at www.poacwalk.org to find out what great gifts you will receive for meeting fundraising levels.

[] Please do not send me a gift, I wish for all my donations to further support autism training, education and services.

All walkers are encouraged to collect donations in advance and bring them to the Walk. Walkers are also encouraged to convert all cash to a check. Your cancelled check serves as a receipt.

Waiver (Each participant must sign below) I, the undersigned, agree to indemnify and hold harmless POAC from all cost, expense and liability arising out of my or my child's participation in this event to benefit POAC. I do hereby waive all claims for damage or loss to me or my child's person or property which may be caused by an act, or a failure to act, by POAC, its officers, agents, or employees arising directly or indirectly from my or my child's participation in this event; and I hereby assume liability for any loss, damage or other liability from such event. I grant full permission for organizers to use photos, videos, film or any record of this event in which I may appear for any legitimate purpose. Participants under 18 must have this form signed by a parent or guardian.

Donor's Name	Check #	Cash	Total Enclosed

Total Turned In Today

Total Raised Online _____

Total Raised

Make all checks payable to:
POAC
1989 Route 88
Brick, NJ 08724

 Signature of Participant/Parent/Guardian Date