



# Walk for Autism 2018 Registration

**April 28th at Fremont High School Football Field at 9:30am**

If you are participating in the Walk for Autism, this form must be completed. Our Walk for Autism is a noncompetitive walk, uniting families and community in an effort to build autism awareness and acceptance throughout Newaygo County. There is no cost to participate in the Walk. Walkers are encouraged to collect pledges. All monies raised through pledges will help to fund the programs and services offered by Newaygo County Autism Community.

Transform into your inner Superhero! Put on your capes, and your superhero costumes while arming yourself with compassion and a spirit of fun and community at this year's WALK for AUTISM!

Be sure to invite all those SUPERHEROES you know -friends, family members, and co-workers!

We invite you to reach out to your family, friends, co-workers, neighbors, church family, school administrators, and all who make up our great community, in a joint effort to promote awareness, understanding, and acceptance.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I know that participating in a walk may be potentially hazardous to my health. I realize that by signing this form, I will hold harmless Newaygo County Autism Community, it's sponsors, volunteers, and/or staff for any injuries that may occur in the above event. I verify, by signing this waiver, that the above participant is covered by insurance and will assume all financial obligation for any injuries that may occur.

Signature/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Mail Registrations to: Newaygo County Autism Community PO Box 56 Fremont, MI 49412



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Newaygo County Autism Community is dedicated to serving the families of persons living with Autism Spectrum Disorder (ASD) in Newaygo County. Every dollar raised at this event will be used in Newaygo County.

Early pledges may be mailed to:  
Newaygo County Autism Community  
PO Box 56  
Fremont, MI 49412

Walk Participant Name: \_\_\_\_\_  
Team Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number to be reached at \_\_\_\_\_

Please collect money at time of pledge and turn into Newaygo County Autism Community no later than the day of the Walk—April 28th, 2018. Checks or Money Orders should be made to Newaygo County Autism Community. Please copy this form as needed for additional pledges.

Please give complete name and address of person pledging to this event.

Name _____	Donation \$ _____
Name _____	Donation \$ _____
Name _____	Donation \$ _____
Name _____	Donation \$ _____
Name _____	Donation \$ _____
Name _____	Donation \$ _____
Name _____	Donation \$ _____
Name _____	Donation \$ _____
Name _____	Donation \$ _____
Name _____	Donation \$ _____

Total Donations Collected: \$ \_\_\_\_\_