

A-T WALK FOR A CURE - SPONSOR FORM

Please print clearly.

Walker's Name _____

Company/Team/Homerroom _____ Age _____

Address _____

City _____

Home Phone _____ Business Phone _____

Please make checks payable to A-T Children's Project. If you think you will need more sponsor forms, photocopy this form before you start filling it out o call your local contact for more forms!

WAIVER: In consideration of being permitted to participate in the A-T Walk for a Cure, I hereby for myself, my heirs, and personal representatives assume any and all risks which might be associated with the event. I further waive, release, discharge, and covenant not to sue the A-T Children's Project, its officers, employees, sponsors, organizers, volunteers, or other representatives, or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and/or any related activities. I also agree to the use of any photo, fil, or videotape of the event for any purpose.

Signature X _____
Parent's Signature (if participant is under 18)

SPONSOR	MAILING ADDRESS	CITY, PROVINCE, ZIP	PHONE	DONATION	
				Cash	Check
1.					
2.					
3.					
4.					
5.					
6.					
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12.					
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17.					
18.					
19.					
20.					

IMPORTANT: Please put your sponsor form and donations in an envelope. Write your name and total collected on the front of the envelope. Bring the envelope with donations to the registration table at the walk.

MY GOAL IS \$ _____
I am participating to help find a cure for ataxia-telangiectasia (A-T) ~ a rare genetic disease that attacks children like Alex, and in memory of Randy Van Hierden. A-T is like having cystic fibrosis, cerebral palsy, immune deficiencies, muscular dystrophy, and cancer all rolled into one genetic disease. Please help me in the race for a cure by sponsoring me. Make cheques payable to A-T Children's Project.

Matching Gifts
Subtotal
Grand Total \$ _____