



**nd autism connection**

Helping Families Connect the Pieces

## **Autism Walk Team Registration Form**

Please fill out team form and mail to **ND Autism Connection - PO Box 7418 - Bismarck, ND 58507-7418.**

Team Name: \_\_\_\_\_

#1 (Captain) \_\_\_\_\_ #6 \_\_\_\_\_

#2 \_\_\_\_\_ #7 \_\_\_\_\_

#3 \_\_\_\_\_ #8 \_\_\_\_\_

#4 \_\_\_\_\_ #9 \_\_\_\_\_

#5 \_\_\_\_\_ #10 \_\_\_\_\_

Is your team being sponsored by a business or organization? If yes please list \_\_\_\_\_

\_\_\_\_\_

Are you dedicating your efforts to someone who has been touched by autism? \_\_\_\_\_

\_\_\_\_\_

### **Team Information**

Teams may consist of two to ten people.

Your child(ren) may walk with you at no cost.

We are asking each walker to raise a minimum of \$25. But don't stop raising money there, we will be giving prizes to the top three individuals and top team for raising money.

Your team may be sponsored by a business or organization. If a team is sponsored by a business the fee is \$25 per team member.

Use the donations sheet to track all donations you receive. Donations and sheets must be turned in on the day of the walk.

Walk registration begins at 8 am on Saturday June 20, we ask that all teams be checked in and money turned in before 10 am.

We would like as many teams as possible to preregister (Before June, 13, 2009). We will not turn any teams away, we will allow teams to register the day of the walk.

For questions or more information please email ND Autism Connection at [info@ndautismconnection.org](mailto:info@ndautismconnection.org).

You may also visit us online at [www.ndautismconnection.org](http://www.ndautismconnection.org)

Send donations and forms to:

**ND Autism Connection PO Box 7418 Bismarck, ND 58507-7418**

**Autism Walk June 20, 2009 Horizon Middle School Bismarck, ND**



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## Autism Walk Corporate Sponsor Form

**My company would like to make a monetary donation in the amount of:**

\$250     \$500     \$1000  
 \$1500     \$2000     \$2500  
 Other (Amount \_\_\_\_\_)

Donations of any amount are appreciated. Make checks payable to ND Autism Connection. Donations are tax deductible.

**My company would like to supply products and services (in-kind donations) of the following items:**

- Drinks to nourish our walk participants
- Healthy snacks to nourish our walk participants
- Breakfast for walk volunteers who graciously give their time to help us with the walk
- Lunch for walk volunteers who graciously give their time to help us with the walk
- Gift certificates, gift packages or items to be used as incentives for our teams, walkers, and volunteers  
Describe item: \_\_\_\_\_
- Printing of flyers
- Signage or banners
- Hotel accommodations for families
- Entertainment during the walk

**Company Information:**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Corporate sponsors will be:**

- recognized in the walk program
- recognized at the awards ceremony

**If your company would like to sponsor a walk team. Please contact ND Autism Connection for a Autism Walk team packet.**

For questions or more information please email ND Autism Connection at [info@ndautismconnection.org](mailto:info@ndautismconnection.org).  
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*Thank you for making a difference in the lives of families with autism.*  
**Autism Walk June 20, 2009 Horizon Middle School Bismarck, ND**

