



THE 9th ANNUAL WALK n' ROLL FOR ATAXIA

Saturday, September 16, 2017 9:00am - 12:00pm Check-in begins at 8:00am

REGISTRATION FORM

(please fill out both sides of this form)

OPT OUT OF NAF FOUNDATION MAILINGS

EACH PARTICIPANT MUST COMPLETE THIS FORM AND RETURN IT TO REGISTRATION THE MORNING OF THE EVENT.
(The first 300 participants to register will receive a free event t-shirt)

EVENT LOCATION: East Lake Village Clubhouse
5325 Village Center Dr., Yorba Linda 92886

- I will walk and/or raise funds to support ataxia research and programs for ataxia families
- I am unable to participate but please accept my donation of: \$ _____

Full Legal Name: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Telephone: _____ Alt Telephone: _____

Email: _____

I reside in the following county: Los Angeles Orange County Riverside Other

NO REGISTRATION FEE IS REQUIRED - HOWEVER DONATIONS ARE GLADLY ACCEPTED.

Every \$25 in donations earns you 5 tickets for our **Opportunity Baskets**. *Silent Auction items will be available as well.*

- Cash (Amount: \$ _____)
- Check (Amount: \$ _____)

Please make checks/money orders payable to: National Ataxia Foundation or NAF

***Electronic Check Conversion notice:** When you donate by check, you authorize NAF either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make a one-time electronic fund transfer (ETF), funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution. Your check will be destroyed.

CREDIT CARD PAYMENT Visa MasterCard AMEX Discover

This is available on site and online only.

PARTICIPATION WAIVER

By participating in the Walk n' Roll for Ataxia, 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. I acknowledge there is no Automatic External Defibrillator (AED) at the registration or nurses station sites. I understand that my contact information will be shared with the organizers of this event for event related purposes only. Furthermore, I grant full permission to the National Ataxia Foundation and organizers to use photographs and/or video of me in reasonable depiction of the event.

Signature: _____ Date: _____

600 Hwy 169 S. Suite 1725 Minneapolis, Minnesota 55426
Fax: (763) 553-0167 • E-mail: NAF@Ataxia.org • Phone: (763) 553-0020

NAF ORANGE COUNTY *ataxia*
501(c)(3) Tax ID #: 41-0832903



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Collect sponsorship money and don't forget to sponsor yourself. Your friends, neighbors, co-workers, family and almost anyone can help you raise funds. If you can't walk or roll yourself, sponsor a walker and/or roller.

All sponsors that complete this form may request a donation receipt that will be sent to them via mail post-event

Make checks payable to the National Ataxia Foundation or to NAF.

All donations go directly to the NAF to support promising research and important programs.

Please bring your contributions with this pledge form to the registration table on the day of the event.

If you would like a receipt after the event please check R section below

Sponsor Name	Mailing Address	City, State, Zip Code	Email	Pledge	PD ✓	R ✓
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
Total Pledges				\$		

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