

Visit our website at
WWW.WYOIDSWALK.ORG
 or email
INFO@WYOIDSWALK.ORG

Please feel free to make additional copies of this form.

Return this form to the registration booth on the UW Campus - Apr 9th

Walker's name _____
 Address _____
 City _____ State _____ Zip _____
 Phone (eve) _____ (day) _____
 Email _____

Note: all pledges are due 30 days after the walk!

Office use only - DO NOT WRITE

Team Code	_____
Total # of sponsors	_____
Total Pledges	\$ _____
Amount paid	\$ _____
Balance due	\$ _____

Date _____ Initials _____

All information is required

Sponsor's Name	Street Address	City	State	Zip	Phone	Pledge per km	X 5km = Total	Amount Prepaid
1					()			
2					()			
3					()			
4					()			
5					()			
6					()			
7					()			
8					()			
9					()			
10					()			
11					()			
12					()			
13					()			
14					()			
15					()			
(Please total prior to walk)								
GRAND TOTAL \$								

I do hereby for myself, my heirs, executors, and administrators release and discharge the Wyo AIDS Walk, University of Wyoming, City of Laramie, and the sponsors of this event or their representatives from any and all liability arising from illness and/or physical consequences I may suffer as a result of my participation in this event. I further attest that my physical condition is adequate to participate in this event. I also give permission for the free use of my name and/or picture in any account of this event. I understand that I am responsible for submitting the balance of my pledges within 30 days of the event, and that I can be held financially responsible for the balance of my pledges.

 Signature Date

 Parent or gaurdian (if under 18) Date



Make checks payable to WyoAIDS Walk. Please do not submit coins.