

Chattanooga AUTISM Celebration



Nov. 7-14 2020

Chattanooga Autism Celebration: Walk Your Way 2020 Offline Registration & Donation Form

Remember, you can also register and donate online by following the link at www.ds-stride.org/chattanoogaautismwalk.
Registration form must be received by **October 7th** to be guaranteed a T-shirt.

Primary Registrant or Donor Information

First Name or Company Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____

Additional Registrants

First Name: _____ Last Name: _____ Email: _____

First Name: _____ Last Name: _____ Email: _____

First Name: _____ Last Name: _____ Email: _____

First Name: _____ Last Name: _____ Email: _____

Select Your Registration Type(s):

Individual

Adult Walker: Shirt pickup at CAC

\$ 30 x _____

Individual – SHIRT SHIPPED

Adult Walker: Shirt shipped

\$ 40 x _____

Youth/Student

Kids 4 & up, AND high school/college students:
Shirt pickup at CAC

\$ 15 x _____

Youth/Student – SHIRT SHIPPED

Kids 4 & up, AND high school/college students:
Shirt shipped

\$ 25 x _____

Infant

Ages 3 & under: No Shirt

\$ Free x _____

Pet

Cats, dogs, fish... any pet! Shirt not included

\$ 10 x _____

Supporter (No Shirt)

Any age, shirt not included

\$ 15 x _____

Big Team Leader

ONLY ONE TEAM LEADER PER TEAM: Shirt
pickup at CAC

\$ Free x _____

Big Team Leader – SHIRT SHIPPED

ONLY ONE TEAM LEADER PER TEAM: Shirt
shipped

\$ 10 x _____

Select Your Shirt Size(s):

YOUTH S _____

YOUTH M _____

YOUTH L _____

ADULT S _____

ADULT M _____

ADULT L _____

ADULT XL _____

ADULT 2XL _____

ADULT 3XL _____

Select Any Additional Items:

CAC Tote Bag

\$ 5 x _____

Optional Donation: \$ _____

Total: \$ _____

If you are starting a team, please specify team name: _____

If you are joining a team, please specify team name: _____

Optional donation amount (enclosed): _____

Waiver

I hereby waive all claims against the Chattanooga Autism Center, sponsors, vendors, volunteers and any personnel for any injury that I or my family member might suffer from this event. I attest that I and my family members are physically fit and prepared for this event. I grant full permission for organizers to use photographs, videos and quotations of me and my family member in legitimate accounts and promotions of this event.

Signature (if 18 or older)

Date

Parent or Guardian signature (if less than 18)

Date

Please send this form, along with a check made payable to **Chattanooga Autism Center** to:

Chattanooga Autism Center
1400 McCallie Avenue
Suite 100
Chattanooga, TN 37404