



9th Annual Chattanooga Autism Awareness Walk 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 **April 9th** 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):

Adult \$ 30 x _____
 Adult Walker: Shirt included
Big Team Leader \$ Free x _____
 ONLY ONE TEAM LEADER PER TEAM
High School / College Student & Ages 4 & older: Shirt included \$ 20 x _____
Supporter \$ 15 x _____
 No Shirt
Infant \$ Free x _____
 Ages 3 & under: No Shirt

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 _____
 Extra Shirt (YS) \$ 15 x _____
 Extra Shirt (YM) \$ 15 x _____
 Extra Shirt (YL) \$ 15 x _____
 Extra Shirt (AS) \$ 15 x _____
 Extra Shirt (AM) \$ 15 x _____

Extra Shirt (AL) \$ 15 x _____
 Extra Shirt (AX-L) \$ 15 x _____
 Extra Shirt (A2X-L) \$ 17 x _____
 Extra Shirt (A3X-L) \$ 17 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 _____ Date
Parent or Guardian signature (if less than 18)

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