

PLEDGE FORM

Make checks payable to "Huntington's Disease Society of America." Please bring your pledges with this form to the walk.

**Join Us on The Road to Fight Against
Huntington's Disease!
September 15, 2007, 2pm, Pope John Paul II Park**

MAIL-IN REGISTRATION FORM
Cost: \$25 adults, \$15 for < under21

Walker Name _____ Team Name (if applicable) _____

Donor's Name	Address	City, State, Zip	Phone	\$ Amount
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
You can also create your personal fundraising page online at www.firstgiving.com/teamhopene	SUBTOTAL			\$.
	MATCHING EMPLOYER GIFT			\$.
	TOTAL			\$.

WALKER NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

BIRTH DATE _____

T-SHIRT SIZE _____

I am walking as:

an individual

Part of a team

TEAM NAME _____

TEAM CAPTAIN _____

I'd like to volunteer at the Walk!

WAIVER: *I hereby waive all claims against the Huntington's Disease Society of America, sponsors or any personnel for any injury I suffer at, from or as a result of participation in this event. Further, I hereby grant permission for organizers to use photographs of me to promote this event.*

SIGNATURE _____

DATE _____

Be sure to include your payment with this form! Checks can be made payable to:

Huntington's Disease Society of America

Mail to: 1253 Worcester Road, Suite 202,
Framingham MA 01701. **OR Fax to:** 610.540.0190