

Walk-A-Thon Registration Form

| | | | | |
|-------------|---------|------|-------|-----|
| Walker Name | Address | City | State | Zip |
|-------------|---------|------|-------|-----|

| | | |
|-------------------|---------|-------|
| Emergency contact | Address | Phone |
|-------------------|---------|-------|

I understand that all pledges are collected in the name of and to be sent to:
Akhil Autism Foundation, 46 Harmon Road, Edison NJ 08837

| | |
|--------------------|--------------------------------|
| Walkers' Signature | Parent or Guardian if under 18 |
|--------------------|--------------------------------|

| Name | Address | Pledge | Collected |
|------|---------|--------|-----------|
| 1. | | \$ | \$ |
| 2. | | \$ | \$ |
| 3. | | \$ | \$ |
| 4. | | \$ | \$ |
| 5. | | \$ | \$ |
| 6. | | \$ | \$ |
| 7. | | \$ | \$ |
| 8. | | \$ | \$ |
| 9. | | \$ | \$ |
| 10. | | \$ | \$ |

Please make checks payable to "Akhil Autism Foundation." For more information,
Visit our website or call the Walk-A-Thon committee at (732) 516-0541
Or call Walk-A-Thon Chairperson, Manisha Lad at (732) 516-0541.

Thank you for your generous donations.

