

# 2010 Walk to defeat ALS in Pepperell INFORMATION & REGISTRATION FORM

The national organization, Walk to Defeat ALS, orchestrates walks nationwide. We are not proposing to be another location on the national map of organized Walks, we simply want to hold a local tribute to support, honor and represent any loved ones who have suffered from ALS (also known as Lou Gehrig's disease).

For more information on the national Walk to Defeat ALS organization, visit <http://www.alsa.org/walk/default.cfm>



**STEP**

**#1**

**Register** Registration forms can be found in the Community Church vestry and on the church web site <http://www.pepperellchurch.org>. Mail finished forms to PO Box 320, or drop them off at the Community Church vestry.

## TAKE THESE STEPS TOWARDS A CURE



**STEP**

**#2**

**Raise Funds** On your own or with a team, raise money from supporters. Submit your contributions as cash or checks (made out to "The ALS Association – MA chapter"). All donations are tax deductible. The ALS Association tax ID # is 04-3085718.



**STEP**

**#3**

**Grab a water bottle and tie up your sneakers – Let's get walking!**

Saturday, September 18, 2010

Pepperell Community Church / 3 Townsend Road / Pepperell, MA / 01463

Check-in: 2:00 • Walk: 3:00 – 5:00 • Barbeque: begins at 4:00

**Thank You** from the Pepperell ALS Walk committee:

Jill Buchholz / Faun MacDonald / Pam Mariano / Georgette Rogers / Catherine Tourtellot

(Please contact a committee member if you are willing to help.)

PLEASE RETURN REGISTRATION FORM BELOW AND KEEP TOP PORTION \_\_\_\_\_

Name \_\_\_\_\_

Street address \_\_\_\_\_

Town \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

I am walking alone.  I am walking with a group. Group Name \_\_\_\_\_

My involvement is  in honor of  in memory of \_\_\_\_\_

Please note: All participants under the age of 12 must be accompanied by an adult. By signing this consent form, participants waive all claims against The ALS Association, sponsors or personnel for any injury suffered from participating in this event. Permission is given for photographs or video taken of this event in which participants may appear for any legitimate reason.

Signature \_\_\_\_\_

date \_\_\_\_\_

Parent/legal guardian signature if participant is under 18 \_\_\_\_\_

date \_\_\_\_\_