



**PLCTA FOUNDATION WALK FOR AUTISM AWARENESS
TEAM REGISTRATION FORM INSTRUCTIONS
Saturday April 22, 2017**



Team Captains must be 18 years of age or older

Teams must consist of at least 3 people.

Registration fee for **ALL** walkers listed on form **MUST** be turned in with form.

The team captain will be responsible for securing each team members shirt size.

Team captains will also be responsible for checking in the day of the walk and distributing shirts and information to the rest of the team.

Walk registration begins at 9:30 AM, we ask that all teams be checked in and money turned in by 10:30 AM.

Photographer will be available to take pictures of teams.

We would like as many teams as possible to preregister (before March 22) We will not turn any teams away, We will allow teams to register the day of the walk.

NOTE: All Team Registration Forms must be received by: March 22, 2017
If form is not received by deadline shirts cannot be guaranteed !!

Registration fee is Twenty dollars per team member. Please mail this completed form and all registration fees to:

**PLCTA Foundation
1243 Wyoming Ave. 3rd floor
Scranton, PA 18509**



**PLCTA FOUNDATION WALK FOR AUTISM AWARENESS
TEAM REGISTRATION FORM**



TEAM NAME: _____ **CAPTAIN:** _____

TEAM MAILING ADDRESS: _____ **PHONE:** _____

TOTAL AMOUNT OF WALKERS (PAID): _____ **AMOUNT: \$** _____ **TOTAL DEPENDENT SHIRTS(\$5 EACH):** _____

example: (10) X\$20 = (\$200) (10) X\$5= \$50

TOTAL DUE \$ _____ ex.: (\$250 total due)

WAIVER: I hereby waive and release any and all claims for injuries and damages for myself and all listed dependents against The Parents Loving Children Through Autism Foundation, event sponsors, venue management, The City of Scranton, and all personnel for any injury I or all listed dependents, might suffer during or as a result of this event. I attest that I and all listed dependents, are physically fit and prepared for this event. I grant full permission for organizers to use photographs and/or quotations of all listed dependents and myself for legitimate accounts of this event and promotion of PLCTA Foundation.

PLCTA Foundation is not responsible for any items lost or stolen at any time before, during or after the event. I understand that I am fully responsible for all listed dependents for the duration of the event and must accompany them at all time.

NAME		ADULT S		ADULT M		ADULT L		ADULT XL		ADULT 2XL		AMOUNT PAID \$20+ \$5 per extra shirt(s)
NUMBER OF DEPENDENTS		CHILD M		SIGNATURE							\$	

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