Walker # _____

Registration

There is no cost to participate. Bring this to the Walk or fax to: 815-344-8335.

Individual Walker's Name: _____

Walker's Team (if applicable): _____Team Captain:_____

Address: _____

Telephone: _____ E-mail: _____

Total amount of pledges collected: $_____.

Required Waiver and Emergency Contact Information

I, the undersigned, acknowledge that my participation in the NAMI Walk is voluntary and that I am physically able to undertake the course. I also waive and release any and all claims that may arise out of participation in this event.

PHOTO RELEASE: I allow use of images of myself in NAMI/media publicity materials: Y__ N __

_____ _____

Walker Signature Date

IMPORTANT NOTICE: Walkers under 18 must have signature of parent/legal guardian.

_____

Parent/Guardian Signature and Date (if under 18)

EMERGENCY CONTACT:

_____

Name

_____ _____

Relationship Phone No.

Pledges and Donations

Funds may be turned in on the day of the Walk. Individual participants who collect a minimum of $50 per walker in pledges will receive a 2010 T-shirt while supplies last.

Donor's Name	Address	Amount

Please make checks payable to: NAMI McHenry County

5320 Elm Street
McHenry, IL 60050

NAMI (National Alliance on Mental Illness) is a 501 (c) 3 nonprofit volunteer organization. **100% of your gift goes directly to serving McHenry County families, *and* your gift is tax deductible.**
All donations will be acknowledged with an appropriate receipt for tax purposes.