



Team Registration Form

Please register your Walk Team by completing this form and returning it by 8/20/11.

Team Name: _____

Representing: _____
(Individual Walking in Honor of or Company/Group Name)

Team Captain Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

****Please check one of the following:***

- I'd like you to mail a team packet to me. (walk brochures, team captain letter, fundraising tips, etc.)
- I already have the information that I need. You do not need to mail a packet to me.

Please contact me about helping with the following:

- Identifying/soliciting business sponsors
- Recruiting volunteers or volunteering to help out at the Walk
- Securing in-kind donations for the Walk (e.g. refreshments, raffle prizes)
- Recruiting others to form Walk Teams

Questions? Call 610-736-3739 or email info@autismsocietyofberks.org



**Autism Society of Berks County
PO Box 6683
Wyomissing, PA 19610
www.autismsocietyofberks.org**

