



HYDROCEPHALUS ASSOCIATION (HA) WALKs - OFFLINE REGISTRATION FORM

Please fill out and print the Hydrocephalus Association's (HA) WALK **Offline Registration** form **ONLY** if you are **not** registering through our recommended online registration/donations site. (To register online go to: www.hydroassoc.org, click on **WALKs**, click on **Schedule of WALK Events**, click on your **local WALK site**.) If you are registering a team offline, please fill out the personal information and waiver for all team participants and mail the form to:

Hydrocephalus Association
4340 East West Highway, Suite 905
Bethesda, MD 20814

ATT: _____ **WALK**
(site name)

*signifies required information

First Name*: _____

Middle Initial: _____

Last Name*: _____

Team Name (if applicable): _____

Email*: _____

Address Line 1*: _____

Address Line 2 (Apt., Suite, #) _____

City*: _____

State*: _____

Zip/Postal Code*: _____

Phone: _____

How did you hear about us? _____

Do you have hydrocephalus*? _____

If yes, what is your date of birth? _____

If yes, at what age were you diagnosed? _____

WAIVER: I, for myself, my heirs, and executors, in consideration of any participation in the Hydrocephalus Association WALK, hereby release and hold harmless the Hydrocephalus Association and others connected with the event, including municipalities, sponsors, and their agents, from any and all claims and injuries which I may suffer in connection with the event. I give my consent to use my name, likeness, voice, or biographical information and any photos, recordings, or videotapes taken or any other publicity including me at the event. I also give my permission for this information to be shared with the Hydrocephalus Association.

I have reviewed and accept these terms and conditions. (must be signed by parent or legal guardian if participant is under age 18)

Signature*: _____

Date*: _____

REGISTRATION FEES:

No registration fees apply, however HA WALKs are fundraising events and participants are encouraged to collect donations from family and friends. **Walkers raising \$50 or more** qualify for the **WALK T-shirt** (*to be distributed at the WALK on a first come-first served basis.*) Walkers raising more (\$200 and up) may qualify for other incentive prizes. (*For a list of current WALK incentive prizes please contact HA at 301-202-3811 Ext. 12*)

Note: T-shirts and other incentive prizes are earned by the walker, not by the team. Teams are not relevant for awarding incentive prizes. Walkers qualifying for incentive prizes will receive their certificate 6-8 weeks after the WALK. For questions please call HA at the number above.

Matching Gift Information:

Company Name* _____

Matching Gift Amount* _____

*Please contact the Hydrocephalus Association (**development@hydroassoc.org**) for further information on matching gifts. Matching gifts **do** count toward totals for incentive prizes, **provided** the matching gift form is turned in to HA or the online process for matching gifts is received by HA's national office.

Individual Walker Fundraising Goal: \$ _____

Team Fundraising Goal (*if applicable*):\$ _____

GROUP WAIVER (for team/family registration):

I, for these multiple registrants, our heirs, and executors, in consideration of any participation in the Hydrocephalus Association WALK, hereby release and hold harmless the Hydrocephalus Association and others connected with the event, including municipalities, sponsors, and their agents, from any and all claims and injuries which may be suffered in connection with the event. I give my consent to use our names, likeness, voice, or biographical information and any photos, recordings, or videotapes taken or any other publicity including me at the event. I also give my permission for this information to be shared with the Hydrocephalus Association.

I have reviewed and accept these terms and conditions. (must be signed by parent or legal guardian if participant is under age 18)

Signature*: _____
(team captain's or family leader's signature)

Date*: _____



WALK
Location: _____

WALK Date: _____

Walker Sponsor/Fundraising Form

Participant Name: _____

Address: _____

E-mail: _____

Phone Number: _____

Team Name: _____

Checks			Cash		
Donor's Name	Amount	Paid? (Y/N)	Donor's Name	Amount	Paid? (Y/N)
1	\$			\$	
2	\$			\$	
3	\$			\$	
4	\$			\$	
5	\$			\$	
6	\$			\$	
7	\$			\$	
8	\$			\$	
9	\$			\$	
10	\$			\$	
11	\$			\$	
12	\$			\$	
13	\$			\$	
14	\$			\$	
15	\$			\$	
16	\$			\$	
17	\$			\$	
18	\$			\$	
19	\$			\$	
20	\$			\$	
21	\$			\$	
Subtotal Checks received:		\$	Subtotal Cash received:		\$
			Total of ALL donations:		\$

The Hydrocephalus Association is a 501(c)(3) non-profit organization. Donations are tax deductible as allowable by law. Tax ID: 94-3000301

Hydrocephalus Association • 4340 East West Highway, Suite 905 • Bethesda, MD 20814
 Telephone - Toll Free: (888) 598-3789 • (301) 202-3811 • Fax: (301) 202-3813
www.hydroassoc.org • info@hydroassoc.org

Raising money is easier using HA's online fundraising tools. Register to WALK at: www.hydroassoc.org/WALKs to find out how!
 Or call for more information - 888-598-3789
 Also -- check out HA's cool incentive prizes for walkers at www.hydroassoc.org/WALK