



## Active For Autism Walk 2019

**Sunday, Oct 20<sup>th</sup> at the Elaine Dobbin Centre – 70 Clinch Crescent**  
**Registration Friday, Oct 18<sup>th</sup> 9am-noon & Sunday, Oct 20<sup>th</sup> 9am**  
**Walk starts at 10:30am**

**WAIVER**

1. I and/or family release ASNL from any liability in the event of injury during my participation in Active for Autism  Y
2. I hereby give permission to give ASNL to post any photos containing my image for promotional purposes  Y  N

Signature: \_\_\_\_\_

**TEAM NAME:**

**Name:**

**Mailing Address:**

**City:**

**Postal Code:**

**Email Address:**

**Phone:**

**Name:**

**Tel:**

**Email:**

**Pledge:**

**Address:**

**Name:**

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**THANK YOU FOR YOUR SUPPORT**

**TOTAL AMOUNT RECEIVED**

**\$ \_\_\_\_\_**

**Tax Receipts will be sent via email.**

**For tax-receipting purposes, an email address and a complete mailing address are required.  
 Make cheques payable to ASNL. Donations \$20 and over will receive a charitable tax receipt.**

**Tel: 709-722-2803 | Fax: 709-722-4926 | E: info@autism.nf.net**