ASGO's 5th Annual Autism Walk & Family Fun Day Participant Registration Form

Please complete one form for each participant regardless of age.

_____ _____ _____

Prefix First Name Last Name

_____

Mailing Address

_____ _____ _____

City State Zip

_____ _____

Phone E-Mail Address

_____Male _____Female Birth Date ____/____/_____

Team/Individual Information:

___ I am registering as an individual.

___ I am registering as part of a team. Team name: _____

ASGO Affiliation:

____ I am a member of ASGO

____ I would like to receive membership information

Cost:

____ $10.00 Participants **with pledges**

____ $25.00 Participants **with no pledges**

____ $5.00 Dedication Lane Footprint

Please circle appropriate t-shirt size: CS CM CL AS AM AL XL XXL XXXL

PLEASE NOTE: T-shirts are guaranteed to those pre-registered by April 30, 2009. All others are available while supplies last.

Payment method: Cash, checks payable to the ASGO, or Visa/Master Card.
If you wish to charge your tickets, please fill in the information below:

I, _____, hereby authorize the Autism Society of Greater Orlando to charge my credit card number _____ with a v-code number of _____ (3 digit number on the back of the credit card) and an expiration date of _____, for a total of $_____.

_____

Signature

Completed form should be faxed to 407-855-0235 or mailed to:
Autism Society of Greater Orlando 4743 Hearthside Drive Orlando, FL 32837