



# How To: Join the Bob White Niagara Team

1. Go to <http://www.alzgiving.ca/goto/bobwhiteniagara>
2. Click on **Join Team**

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## Team Bob White Niagara



Welcome to the page for Team Bob White Niagara!

[Donate Now](#)

[Join Team](#)

Team Roster	Raised
<span style="color: blue;">★</span> <a href="#">Peter Scott</a>	\$0
Team Gifts	\$0

★ Denotes a Team Captain

3. A) If you registered online last year, enter your username and password and click **Log In** (if you don't remember your username and password click the "Email me my login information link).  
B) If you are a new participant, click **Join as a New Participant**.






### Returning Participant or User Login

\* Indicates Required

**New User**

[Join as a New Participant](#) B)

**Social Login**  
[Or login using your social media account](#)



**Returning User**

\* Username:

\* Password:

[Log In](#) A)

[Email me my login information](#)

- 4. A) Select the **walker** participant type
- B) Enter your fundraising goal
- C) Click **Next Step**

Select a Participation Type

**Walker - No Fee** A)  
Fundraise and participate in Walk for Alzheimer's.

**Volunteer - No Fee**  
Volunteer and fundraise for Walk for Alzheimer's.

Your Fundraising Goal:

B)

Suggested Goal: \$250.00

Would you like to make a donation now?

Additional Gift Amount:

[Previous Step](#) [Next Step](#)

- 5. A) Enter your personal and contact information.
- B) Select a username and password for your account.
- C) Click **Next Step**

Participant Centre Access Information

\* User Name:  B)  
5 to 60 characters

\* Password:   
5 to 20 characters

\* Repeat Password:

Walk in honour or memory of a loved one

[Previous Step](#) [Next Step](#)

6. Check the box at the bottom of the waiver to agree to the terms and conditions above. Click **Next Step**

and able to participate, and that I am 19 years or older. \*If under 19, a parent or legal guardian needs to sign a waiver at the event.

I do hereby give the Alzheimer Society, its assigns, licensees and legal representatives the irrevocable right to use my picture, portrait or photograph in all forms and media and in all manners, including composite, for advertising, for publication or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, which may be created in connection therewith.

By agreeing to this waiver, I acknowledge having read, understood and agreed to the above waiver, release and indemnity.

I agree with the terms and conditions above.

[Cancel](#) [Next Step](#)

7. Click **Complete Registration**

403 Ontario Street, Unit 1 St. Catharines, ON L2N 1L5 <a href="#">[ Edit ]</a>	Extra Gift: \$0.00
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Participant Total: \$0.00

The current total cost is **\$0.00**

[Cancel](#) [Register Family Member](#) [Complete Registration](#)

8. Click **Access your Participant Centre**

## Walk for Alzheimer's Niagara Region 2019

### Thanks for Registering

Thank you for registering for Walk for Alzheimer's Niagara Region 2019!  
A confirmation email has been sent to [REDACTED]

Start fundraising today with your Participant Center!

[Access your Participant Centre](#)

### Transaction Summary