

SUNDAY, JANUARY 26, 2020 BROCK UNIVERSITY

Schmon Tower Entrance/1812 Sir Isaac Brock Way, St. Catharines 9:30AM Registration/11:30AM Walk Starts

Alzheimer Society



Register Today Online: www.alzgiving.ca/niagara

Help raise funds for Alzheimers care, support and education.

Present	ed
locally	by



RAISE PLEDGES & WIN GREAT PRIZES

Registration at Sean O'Sullivan Theatre

All pledged dollars are due by 11AM on the day of the event to qualify for the following prizes:

TOP PLEDGED INDIVIDUALS

1st Place - \$1000 Via Rail Travel Credit

2nd Place - Rascal Flatts VIP Fan Experience

3rd Prize - \$200 Gift Certificate to VandenDool Jewellers

TOP PLEDGED TEAMS

1st Place Team – Use of a Community Suite for 12 People to Attend a Niagara Ice Dogs Hockey Game Friday March 1 at The Meridian Centre, Includes Food & Beverage

2nd Place Team – Paint Night for 8 People any Monday at Manhattan Bar & Grill + \$200 Gift Certificate

3rd Place Team - \$200 for Dinner at Kelsey's

INCENTIVE PLEDGE PRIZES

Minimum Of \$100: Walk for Alzheimer's T-shirt Minimum Of \$500: Walk for Alzheimer's T-shirt, \$25 Gift Card to M.T. Bellies

Minimum of \$1000 or more: Walk for Alzheimer's T-shirt, \$25 Gift Card to M.T. Bellies, & Tour & Tasting at Niagara College Winery/Brewery

NAME	
ADDRESS	
CITY	POSTAL CODE
PHONE HOME	WORK
EMAIL	
TEAM NAME (if applicable) ————————————————————————————————————	CAPTAIN
EVENT CITY	
AGE Under 12 13-18 19-3	4 35-64 65+
I give permission for the Alzheim	er Society to contact me.
PARTICIPANT RELEASE AND WAIVER	

In consideration of the Alzheimer Society permitting me to participate in this event, I hereby, for myself, executors, administration and personal representatives, release the organizers of this event, their agents and volunteers. the event sponsors, and the Alzheimer Society from all liability the Alzheimer Society, all claims of any kind whatsoever that I might have for personal injuries or property losses suffered by participation in this event.

I certify I have full knowledge of the risks involved in this event and I am physically fit and able to participate, and unless indicated to the contrary by the signature of the guardian below, I am 19 years or older.

By giving the Alzheimer Society permission to use my name and photo in media promotional materials I am helping to build awareness that will bring the Society closer to its vision of a world without Alzheimers disease and dementias.

Photos and videos from the Walk may also be used to help the Society promote the event in flyers, brochures, and other materials. Everyone must sign this waiver. If under 19, a parent or guardian must sign.

Signature Date

Local Niagara Sponsors:













































• Wellness & Information Fair • Entertainment by Cory Cruise • Fluffy the Clown Movie Characters ● Individual & Team Prizes ● Raffle Table ● Win a TV! ● Lots of Family Fun



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1812 Sir Isaac Brock Way, St. Catharines, On Schmon Tower Entrance

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Alzheimer Society

Please **PRINT** the name and address of each donor clearly.

		TOTAL:		upport!	THANK YOU for your generous support!	THANK YOU
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AMOUNT	TELEPHONE	EMAIL	POSTAL CODE	СІТҮ	ADDRESS	SPONSORS NAME