



Annual Autism Walk April 30, 2016

One Step at a time:

1. Form a team of friends and family members, walk for the cause.
2. Request pledges from friends, family, co-workers, etc.
3. Mark amount of your collected pledges on form.
4. Once your money is collected, give it to your team captain or submit it to registration on walk day.
5. If you receive donations after the walk, mail them to Interlock, PO Box 1300, Muncie, IN 47308.

Please make sure checks are made
payable to: **Interlock**

Cancelled checks serve as tax-deductible receipts.

Please note credit card donations may be made
at the fairgrounds on walk day.



T-Shirt Guidelines

To receive a t-shirt on walk day, you must raise at least
\$25 per individual.

A Team of 5 who raises \$100—each member receives a
shirt. If you have additional team members they would
need to raise \$25 for each additional shirt.

Vendor Fair...
Silent Auction...
Bounce Houses...
Games...
Food...

Fun for the whole family!



10th Annual Autism Walk April 30, 2016



INTERLOCK
come together for autism

Join us at the
Delaware County
Fairgrounds

1210 North Wheeling Avenue
Muncie, IN 47303

Rain or Shine!

10:00 AM — Registration
12:00 PM — Walk Begins

www.interlockin.org
765.215.3591



Donation Form

Please be sure your donors know that all monies raised are used to fund our mission which is to assist and educate families of East Central Indiana living with Autism Spectrum Disorder. All the funds stay right here and make a difference in your community!

Annual Autism Walk

Name: _____ Email: _____

Address: _____

☐ Adult

☐ Child under 18

Donor's Name	Amount:	Cash	Check	Credit Card * (online only)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Team Name: _____ Captain: _____

Total Turned in \$ _____

Registration Form

☐ Yes, I'll walk in Interlock's
2016 Autism Walk.

(Please note separate registration forms are
required for each participant.)

☐ Individual Walker ☐ Team Captain
☐ Team Walker ☐ Walk Day Volunteer
Please accept enclosed donation of \$ _____

☐ Adult

☐ Under 18

Name

Address

City, State, Zip

Email / Phone

Team Name:

Team Captain:

EACH participant must sign below:

Waiver of Release and Liability

*I hereby waive all claims against Interlock or any
personnel for any injury that I might suffer in this
event. I attest that I am physically fit and prepared
for organizers to use photographs of me and quota-
tions from me in legitimate accounts and promotions
of this event.*

Signature

Parent/Guardian if walker is under 18