

Remembrance Walk

In memory of Amanda Perrotta

Amanda's Journey Foundation

September 18th, 2010 at The Crossings

REGISTRATION FORM

First Name:

Last Name:

Address:

Phone #:

Emergency Contact:

Special needs:

My goal is to walk at least _____ laps.

_____ I will be walking as a single person.

_____ I will be walking with an already registered Team named

_____.

_____ I would like to be a Team Captain and recruit walkers. My team name will be _____.

Thank you.

Remembrance Walk

Amanda's Journey Foundation

70 Town Office Road

Troy, NY 12180

www.amandasjourney.org

amandasjourney08@gmail.com

Remembrance Walk
In memory of Amanda Perrotta
Amanda's Journey Foundation

Rules:

1. Walkers and/or Teams may start collecting pledges as soon as they receive the information packet.
2. Each sponsor should fill out the registration form and return it to AJF.
3. Each walker will need to sign in the day of the race at the registration desk; if you have at least \$50 in pledges you will receive a free tee shirt. (one shirt per person)
4. Participants are encouraged to wear hats and sunscreen if it's sunny or bring rain gear if it's rainy. This is a Rain or Shine Event. Water will be available for participants.

We look forward to all our participants having a great time! For questions or concerns, or to volunteer, **call Karen DuJack, 279-4327 or Jackie Perrotta 283-9298**

All donations are tax deductible. The mission of Amanda's Journey Foundation and the Perrotta Family is to bring awareness of Mitochondrial disease, and to support organizations and families that are battling Mito. Mito is a disease that robs your body of life sustaining energy.

www.amandasjourney.org



amandasjourney08@gmail.com