



REGISTER AT WWW.MNAIDSWALK.ORG
OR CALL 612-373-2410

MINNEHAHA PARK • MINNEAPOLIS

Name: Mr. Mrs. Ms. (circle one) _____
 Email: _____
 Home address: _____
 City: _____ State: _____ Zip: _____
 Phone: (evening) _____ (day) _____
 Employer/school: _____ Gender (optional) _____ Date of Birth (mm/dd/yr) _____
 I am participating as: an individual part of a team. Team name: (required) _____
 Can't make it? Mail collected pledges and a copy of this form to: **Minnesota AIDS Project, 1400 Park Avenue, Minneapolis, MN 55404**

Does your employer match gifts? If so, you must include matching gift forms with your pledge sheet.
 Sponsors should pre-pay to: Minnesota AIDS Project. Contributions are tax-deductible. Please print legibly.
 DO NOT INCLUDE ONLINE GIFTS ON THIS FORM. Online totals will be confirmed at the Walk and added to offline totals.

Sponsor name (offline gifts only)	telephone number	donation type	amount
1		cash check	
2		cash check	
3		cash check	
4		cash check	
5		cash check	
6		cash check	
7		cash check	
8		cash check	
9		cash check	
10		cash check	
11		cash check	
12		cash check	

If paying by credit card, enter donation below. Only give cash or credit card information to people you know!

Name on card please print	phone number	\$
card number	3 or 4-digit security code signature	
visa mc amx exp. date	cardholder's address	
Name on card please print	phone number	\$
card number	3 or 4-digit security code signature	
visa mc amx exp. date	cardholder's address	
Need more room for pledges? Download additional forms from www.mnaidswalk.org or call us at 612-373-2410. To raise essential funds to stop HIV in Minnesota, each walker is asked to raise a minimum of \$25.		offline pledge total

I certify that all the information provided on this form is true and complete, and that I will abide by the rules and instructions of the event officials and management. I have read the waiver on the reverse side and certify my compliance by my signature below.

Participant signature _____

Parent signature (if under 18) _____

Volunteer number	Cash	Checks	In-park charges	Online charges	Total	Cash received by Accounting	Grand total rec'd by Accounting
	\$	\$	\$	\$	\$	\$	\$



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FREE T-SHIRT!

Get your AIDS Walk t-shirt! Register online or via the mail and include a donation of at least \$50 and you'll receive a free t-shirt! You can pick up your shirt at early pledge drop-off days or at Minnehaha Park.

EARLY PLEDGE DROP-OFF DAYS

Avoid the lines and help MAP more easily track pledges by turning in your pledges early! At those times, you can also pick up your incentive prizes so that you can bring them to the Walk. Please visit www.mnaidswalk.org for times.

AIDS WALK SCHEDULE

- 7:30 a.m. Run Check-In
- 8:30 a.m. Walk Check-In
- 9:00 a.m. Run for the Ribbon
- 10:00 a.m. Opening Ceremonies and Recognition
- 11:00 a.m. MN AIDS Walk
- 12:30 p.m. Post-Walk Celebration and Concert

PRIZES

Set a fundraising goal and start asking everyone you know to sponsor you! There are some great gifts available for raising money for the Minnesota AIDS walk!

Prizes are awarded only for confirmed gifts. This means money turned in online (by 4:59pm on the Saturday before the walk), at an early pledge drop-off day or at the AIDS Walk. Prizes cannot be redeemed for cash. Limited supplies are available.

REGISTER ONLINE

We strongly recommend that you register and collect pledges online. Not only does it reduce the amount of waste for the Walk, but it is also a much more accurate and successful way of fundraising. Please visit www.mnaidswalk.org to register.

TRANSPORTATION

Metro Transit supports the Minnesota AIDS Walk by providing downloadable ride vouchers to registered walkers and volunteers at www.mnaidswalk.org. Vouchers may be used for rides on the light rail transit line or on buses on the day of the walk. For route information and park-and-ride locations, call Metro Transit at 612-373-3333 or visit www.metrotransit.org

WAIVER • *Must be read in order to participate*

In consideration of my participation in the Minnesota AIDS Walk, I, on behalf of myself, my heirs, personal representatives and all those claiming by or through me, consent to hereby discharge and forever hold harmless the Minnesota AIDS Project and all other sponsors, all municipal agencies and municipalities on whose property and/or whose personnel are used and any other sponsoring or co-sponsoring agency(ies) or individuals from responsibility or injuries or damages I may suffer as a result of my participation in this event. I certify that I am physically able to participate in this event. In addition, I hereby consent to discharge and release the aforementioned sponsors from any liability whatsoever of the following use: any reproduction of my name, voice, likeness and any and all photographs, sketches, and/or motion pictures taken or made for the use of this event or other events without obligation to me. I certify that I will voluntarily collect and submit any and all sponsorship money to the Minnesota AIDS Project as my contribution to HIV advocacy, education and service.