

TEAM DONATIONS

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Address			
City	State	Zip	
eam Name (if applicable)	Team Captain (if applicable)		

Sunday, OCTOBER 24, 2021 EASTVIEW MALL REGISTRATION 8:30 a.m. WALK STARTS 9:00 a.m. COSTUME CONTEST 10:00 a.m.

Please make checks payable to Al Sigl.

SPONSOR'S NAME	ADDRESS	DOLLARS RECEIVED	THAN YOU SENT
Self Donation		\$25	O'
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Contributions may be mailed to Al Sigl before the WalkAbout or delivered the day of the Walk.

Additional forms are available on the web at alsigl.org or by calling

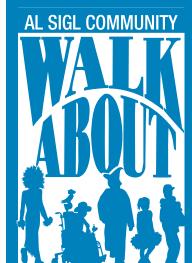
585.442.4102 ext. 8944, or emailing clemcke@alsigl.org.

THANK YOU!













OCT 24 EASTVIEW MALL

8:30 AM
REGISTRATION
9 AM
EVENT BEGINS

10 AM COSTUME CONTEST





WALK, ROLL AND CHEER FOR ABILITIES AT THE AL SIGL COMMUNITY WALKABOUT

The Al Sigl WalkAbout is a Halloween-themed fundraiser for Al Sigl Community & our Member Agencies. This unique event brings together individuals, teams, businesses and agencies to have fun and raise funds for programs serving over 55,000 children and adults with special needs in our community.

Enjoy a costume contest and kid-friendly entertainment throughout the mall.

To learn more or to register online go to alsigl.org/walkabout

BRING A TEAM OR COME MEET NEW FRIENDS

Register online at **alsigl.org/walkabout**. Or print and mail this form.

RAISE FUNDS AND EARN PRIZES

Start now by asking your family, friends, employer, neighbors, and coworkers to sponsor you. And set the pace with your own gift!

You can raise money for one or more agencies—or for all of us!

HAVE FUN ON OCTOBER 24

Registration begins at 8:30 a.m. by the food court or Mall Entrance 5. Sign in and make tracks along the one-mile course in the indoor comfort of the mall.

Questions?

clemcke@alsigl.org or call **585.442.4102** ext. **8944**

ACHIEVING MORE TOGETHER

















REGISTRATION FORM

For fast and easy registration, visit alsigl.org/walkabout

Name			
Address			
City	State Zip		
Home Phone	Cell Phone		
Email			
I am making tracks (please check on	ne)		
As an individual			
As part of team:			
\$25 Self Donation Oth	er Amount O Cash		
Check Visa Maste	erCard		
O Discover Card (American Express		
Card number	Exp. Date CVC		
Name as it appears on card			
Signature			
Complete this WalkAbout	Count me in to WalkAbout for		
registration form by mail	Al Sigl Community		
or email to:	○ CP Rochester		
Al Sigl WalkAbout	○ EPI		
1000 Elmwood Avenue, Suite 300	Medical Motor Service		
Rochester, NY 14620-3098	National Multiple		
clemcke@alsigl.org	Sclerosis Society		
ciemcke@aisigi.org	Rochester Hearing		



& Speech Center

Rochester Rehabilitation

Starbridge

alsigl.org