



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 Sigi.

Contributions may be mailed to Al Sig! before the WalkAbout or delivered the day of the Walk. Additional forms are available on the web at [alsigl.org](http://alsigl.org) or by calling 585.442.4102 ext. 8944, or emailing [clemcke@alsigl.org](mailto:clemcke@alsigl.org).



**10 AM**  
**COSTUME**  
**CONTEST**





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

The Al Sigi WalkAbout is a Halloween-themed fundraiser for Al Sigi 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](http://alsigl.org/walkabout)

## BRING A TEAM OR COME MEET NEW FRIENDS

Register online at [alsigl.org/walkabout](http://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](mailto:clemcke@alsigl.org) or call 585.442.4102 ext. 8944

## REGISTRATION FORM

For fast and easy registration, visit  
[alsigl.org/walkabout](http://alsigl.org/walkabout)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

I am making tracks (please check one)

☐ As an individual

☐ As part of team: \_\_\_\_\_

☐ \$25 Self Donation ☐ Other Amount ☐ Cash \_\_\_\_\_

☐ Check ☐ Visa ☐ MasterCard

☐ Discover Card ☐ American Express

Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVC \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

Complete this WalkAbout  
registration form by mail  
or email to:

Al Sigi WalkAbout  
1000 Elmwood Avenue,  
Suite 300  
Rochester, NY 14620-3098  
[clemcke@alsigl.org](mailto:clemcke@alsigl.org)

Count me in to WalkAbout for:

☐ **Al Sigi Community**

☐ **CP Rochester**

☐ **EPI**

☐ **Medical Motor Service**

☐ **National Multiple  
Sclerosis Society**

☐ **Rochester Hearing  
& Speech Center**

☐ **Rochester Rehabilitation**

☐ **Starbridge**



## ACHIEVING MORE TOGETHER



[alsigl.org](http://alsigl.org)