

AIDS WALK 2014

Saturday, Oct. 4

Bakersfield's AIDS Project



WALKER'S NAME and email: _____

(Nombre del participante)

ADDRESS _____

(Direccion)

CITY _____ STATE _____ ZIP _____

(Ciudad)

(Estado)

(Codigo Postal)

TEAM NAME (Only if applicable) _____

(Nombre del grupo, en su caso)

Walk begins and ends at Ricky's Retreat 910 Grace Street off Beale Avenue
 Walker Registration: 8:30AM Registracion de caminantes: 8:30 AM
 Walk: 9:00 AM Caminanta: 9:00 AM

Thank you for making a difference in the lives of people with AIDS. Please collect all pledges in advance. If you collect \$100 in pledges, you will receive a bracelet. If you collect \$150 in pledges or more, you will receive a free AIDS Walk T-shirt. Have checks made payable to BAP. Grand Prize for person with highest amount of pledges received. Prize for PLWA with highest amount raised. We appreciate your support!

Call/Text Audrey @ 742-3611 to place your name on the list of walkers and with your t-shirt size ASAP.

*Gracias por su interés en querer hacer una diferencia en las vidas de los que viven con el SIDA. Todos los participantes que entreguen \$100 recibirán una pulsera. Todos los participantes que entreguen \$150 o mas en dinero recolectado recibirán una camiseta de AIDS Walk gratis. Entregue sus donaciones en el area de registracion el dia de la caminata. **BAP Tax ID#77-040-1117***

SPONSOR NAME	ADDRESS/CITY/ZIP	PHONE	E-MAIL	Donation Amount

TOTAL PLEDGES \$ _____

RELEASE STATEMENT

I, _____, release BAP, and the 2014 Bakersfield's AIDS Walk Sponsors and organizers from any claims or liability resulting from my participation in BAP's 2014 AIDS Walk.

SIGNED: _____ DATE: _____ T-shirt size: _____