AIDS WALK 2011

Saturday, Oct. 8
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)

Participant Registration Form due by Sept 19th Mail in to BAP 910 Grace St Or Turn in to Martin's Meats & Deli 801-21st Street off Q

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 recibían una pulsera. Todos los participantes que entreguen $150 o mas en dinero recolectado recibiran 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 2011 Bakersfield's AIDS Walk Sponsors and organizers from any claims or liability resulting from my participation in BAP's 2011 AIDS Walk.

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