



MINNESOTA  
AIDS WALK

Register for the walk at [www.mnaidswalk.org](http://www.mnaidswalk.org)

February 10, 2017 8 3-7pm

Boom Island Park 8 Minneapolis

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Employer/School: \_\_\_\_\_

I'm participating as:      an individual      part of a team Team name (optional)

Can't make it? Mail collected pledges and a copy of this form to : Minnesota AIDS Project, 2577 Territorial Road, St. Paul, MN 55114

Sponsors should pre-pay to Minnesota AIDS Project. Contributions are tax deductible. Please print legibly.  
DO NOT INCLUDE ONLINE DONATIONS ON THIS FORM  
Minnesota AIDS Project will send acknowledgments/tax receipts to sponsors.

Sponsor name (offline gifts only)	Email	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	

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.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent Signature (if under 18)