

Get Involved

Contribute

to the walk yourself by registering at www.pnaz.kintera.org or sending in this registration form.

Personalize

your walk page and send an email or letter to all of your friends.

Ask

your company if they'd be willing to support your efforts by becoming a gold, silver, or bronze sponsor or match your pledge—it's an easy way to double your pledged dollars.

Talk it up!

create a team and ask friends and family to walk with you.

Track

you or your teams progress at the <http://pnazkintera.org> website.

Register Today

Register online: <http://pnaz.kintera.org>

The Parkinson Network of Arizona was formed in September 2006 to create awareness and raise funds for the Muhammad Ali Parkinson Center. Realizing that Parkinson's disease is not a choice, but quality of life is, our mission is to empower the lives of people with Parkinson's.

An affiliate chapter of the
National Parkinson Foundation



CHW Arizona
Muhammad Ali Parkinson Center
240 W. Thomas Road, Suite 301
Phoenix, AZ 85013
Address Service Requested



4th Annual Walk the Fight

Raising Awareness About Parkinson Disease

5K or 2 block Walk-a-thon

Tempe Town Lake Park
Sunday, February 14, 2010
Health Fair begins 9:30 am

Walk begins 11:00am



Muhammad Ali Parkinson Center
Movement Disorders Clinic

at Barrow Neurological Institute®
A National Parkinson Foundation Center of Excellence

Non-profit Org.
U.S. Postage
PAID
Permit No. 685
Phoenix, Arizona

Individual or Family Registration

Individual Walker \$20_____ (includes one t-shirt)

children age 15 and under are free

Additional t-shirts \$10 each _____

Name _____

Email _____

Address _____

Phone _____ Age _____

Male ___ Female ___

Payment: (If registering more than one walker,
you may group all fees into one payment)

Today's Total \$ _____

\$ _____ Check (payable to PNAZ)

\$ _____ Visa/MC _____

Exp __/__/3 digit code

Waiver: I hereby release all claims against Parkinson Network of Arizona, sponsors or any personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for the event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event. Signature (parents sign if under 18)

Send completed registration form to
Parkinson Network of Arizona
C/O Muhammad Ali Parkinson Center
240 W. Thomas Road, Suite 301
Phoenix, AZ 85013

Teams

Team Name _____

Fee is \$20 per walker (includes one t-shirt)

children age 15 and under are free

Additional t-shirts \$10 each x ___ = \$ _____

T-shirt sizes: ___S ___M ___L ___XL ___XXL
Name _____ Donation _____

Payment: (If registering more than one walker,
you may group all fees into one payment)

Today's Total \$ _____

\$ _____ Check (payable to PNAZ)

\$ _____ Visa/MC _____

Exp __/__/3 digit code

Waiver: I hereby release all claims against Parkinson Network of Arizona, sponsors or any personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for the event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event. Signature (parents sign if under 18)

Sponsorship Opportunities

Company Name _____

Contact Name _____

Address _____

Phone _____



Gold- \$3000

- ▶ Website– direct link to company website on site home page
- ▶ Logo on Walk Route signage
- ▶ Logo– largest size on back of Walk t-shirt
- ▶ Announcement in radio and TV spots
- ▶ Announcement by MC at event
- ▶ Display table



Silver \$2000

- ▶ Website– Logo on homepage
- ▶ Logo– medium size on back of Walk t-shirt
- ▶ Display table



Bronze \$1,000

- ▶ Website– Name of company on website- placement TBD
- ▶ Name listed on Walk t-shirt
- ▶ Display table



Vendor table at health fair \$200

- ▶ Display table