

Registration Form



"Celebration of Life"

Arkansas AIDS Foundation – 2011 AIDS WALK

Saturday, November 5, 2011

Registration begins at 10:30 a.m.

Little Rock Arkansas, River Market Pavilion East

First Name

Last Name

Address

City

State

Zip

Phone number (include area code)

E-mail Address

T-Shirt Size (circle one): S M L XL XXL XXXL

Signature: _____

Waiver: I hereby waive all claims against the Arkansas AIDS Foundation, its sponsors, and any personnel for any injury I might suffer in this event. I grant full permission for the Arkansas AIDS Foundation to use photographs of me in legitimate accounts and promotions of this event.

