



**Alzheimer's
Arkansas**
Programs and Services

WALK

RALLY AND

STROLL



ACROSS ARKANSAS



2015 Alzheimer's Arkansas Little Rock Walk/Stroll at the Zoo "A Family Affair"

October 3, 2015

Registration begins at 7:00 am

All walkers must be in the

Zoo by 8:15 am!

Program / Walk / Awards at 8:30 am



Official Sponsor of the
"Kid's Zone"



**Pre-registration on 9/28 thru 9/30 from 9:00 am to 5:00 pm
at the Alzheimer's Arkansas office, 201 Markham Center Drive, LR**

**All pre-registered participants receive
2 door prize tickets. If you wait to
register on walk day, you will receive
1 door prize ticket.**

**Participants who donate
at least \$25 each will
receive a commemorative
T-Shirt while supplies last**

**This is a Family Friendly event –
Bring the Whole Family!**

**Raffle Tickets - \$5.00 each or 5 for \$20.00 for a
Branson Getaway at the Chateau On The Lake
(1 Night Bed & Breakfast Package). You can
purchase tickets by calling 501-224-0021 or day
of the walk. You do not have to be present to
win.**

Arkansas is #1 in Senior Hunger!

Alzheimer's Arkansas wants to do their part in putting an end to Senior Hunger. Please bring **1 of 3 Senior Friendly** food items to the walk to be donated to the Primrose Food Pantry on Dixon Road in Little Rock and receive 1 door prize ticket per person per donation.

Peanut Butter, Soups (meat or vegetable) or Ensure/Boost.

For information contact Barbara Jensen at 501-224-0021 or barbara.jensen@alzark.org

Walk proceeds help to fund educational programs & family services provided by Alzheimer's Arkansas.
All Family services are free of charge.

Alzheimer's Arkansas is a non profit 501(c)(3) organization. Our federal tax ID is 71-0590114.

Alzheimer's Arkansas Walks

2015 Team Registration Form

Yes, I/we will form a team & participate in (please check)

Russellville 8/29 _____ Clinton 9/12 _____ Hot Springs 9/26 _____
Little Rock 10/3 _____ Conway 10/17 _____

Our team will be participating in the following team category (please check)

_____ Corporate _____ Community _____ Family

Team Name _____

Business/ Community Organization Name _____

Business Mailing Address _____

City _____ State _____ Zip _____

Business Phone Number: _____

Team Captain Name _____

Home Address _____

City _____ State _____ Zip _____

Phone (W) _____ Phone (other) _____

Fax _____ E-mail _____

Our team will walk in **MEMORY** or **HONOR** of _____

Team Captain Signature _____

Date _____

Will your team have their own t-shirts or will you want the Alzheimer's Arkansas Walk t-shirts?

_____ Yes, we will have our own t-shirts

_____ No, we want the Alzheimer's Arkansas Walk t-shirts and will need approximately _____

*Please note: **This form only registers your team.***

Before the Walk we encourage you attend early Walk registration in your community. You can pick up Walk shirts at that time and turn in any proceeds raised. Remember that team members must sign your team's **Multiple Walker Registration Form** which can be also turned in at early Walk registration or at registration on Walk Day.

Please mail or fax this form to

ALZHEIMER'S ARKANSAS PROGRAMS AND SERVICES

201 Markham Center Drive • Little Rock, AR 72205

501-224-0021 • 800-689-6090 • Fax: 501-227-6303 • Web site: www.alzark.org