

# WALK WITH US at Cove Island Park, Stamford Sunday, April 29, 2018

## ari 12th annual walk for independence



10:00 Registration  
11:00 Opening Ceremonies  
11:15 Walk  
12:00 Picnic



### Sponsorships

**\$2,500 – RACE SPONSOR**  
Name and Logo on Front of T-shirt\*  
Entrance and Path Signs  
Media coverage\*\*

Print Promotions / Social Media Promotions

**\$1,000 – DISTANCE SPONSOR**  
Name and Logo on Back of T-shirt  
Entrance and Path Signs

Print Promotions / Social Media Promotions

**\$500 – PACE-SETTER SPONSOR**  
Name on Back of T-shirt  
Path Sign  
Print Promotions

**\$250 – MILEAGE SPONSOR**  
Name on Back of T-shirt  
Path Sign

**\$150 – TEAM SPONSOR**  
Name on Back of T-shirt

**\$50 – CONSUMER SPONSOR**

**NO REGISTRATION FEE!**  
Minimum Donation \$50 to Receive T-shirt

\* Deadline for inclusion on T-shirt is April 1.

\*\*ARI makes every attempt to promote the event through local media outlets. However, coverage is dependent on the media and is not guaranteed.

[www.arict.org](http://www.arict.org)

Enriching the lives of people with disabilities and their families by enabling them to achieve their fullest potential at home, at work and in the community.

ARI and Friends of ARI are 501(c)(3) not-for-profit organizations, relying on contributions and grants from individuals, foundations, corporations, and charitable trusts. Donations may be tax-deductible to the extent allowed by law.

# Walker Registration and Sponsorships

Support the Walk and create your team at [arict.org](http://arict.org)

Your Name \_\_\_\_\_ TEAM \_\_\_\_\_

Suggested contribution \$50 per team member.  I pledge \$ \_\_\_\_\_ per mile or a \$ \_\_\_\_\_ contribution

I can't participate but wish to make a contribution of \$ \_\_\_\_\_

I will  Sponsor an ARI RESIDENCE \$250  Sponsor an ARI Consumer \$50

Sponsor Level \_\_\_\_\_  Enclosed is my matching gift form

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

(cell) \_\_\_\_\_ Email \_\_\_\_\_

Company \_\_\_\_\_

Total Contribution \$ \_\_\_\_\_ (Over \$50 = one T-shirt)

T-SHIRT SIZES: CHILD  Sm  Med ADULT  Sm  Med  Large  XL  XXL

Please make checks payable to ARI of CT and mail with this completed form to  
ARI Walk for Independence, 174 Richmond Hill Avenue, Stamford, CT 06902

You can also make your payment or donation online at <https://ariofconnecticut.myetap.org/12thwalk/>

Check \$ \_\_\_\_\_

Credit Card:  Visa  Mastercard  AMEX Card Number \_\_\_\_\_ CVA \_\_\_\_\_

Name on Card \_\_\_\_\_ Exp Date \_\_\_\_\_

**WAIVER • Each participant in the ARI Walk for Independence must check the box to accept this waiver when registering. If you are under 18 your parent or guardian must check the box for you.**

*I agree to hold harmless and indemnify ARI and Friends of ARI from all cost, expense and liability arising out of my or my child's participation in Walk for Independence. I hereby waive any and all claims for damage or loss to me or my child's person or property which may be caused by an act, or failure to act by ARI or Friends of ARI, their officers, agent's or employees arising directly or indirectly from my or my child's participation in this event. I grant full permission for ARI and Friends of ARI to use my photographs, video, film or other record of Walk for Independence in which I or my child, may appear for any legitimate purpose.*

I have read and accept the waiver. \_\_\_\_\_

For more information call 203 324-9258 ext. 3023  
or email [gasparinog@arict.org](mailto:gasparinog@arict.org)  
Thank you!