

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

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

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

Thank you!