



Saturday, May 10

Angel Stadium of Anaheim
 Registration begins 7 a.m. • Walk begins 9 a.m.

www.ocaidswalk.org

FUNDRAISING GOAL:
\$

Raise money online!
 Add these donations as off-line pledges
 on your personal AIDS Walk web page.

COACH'S NAME _____ TEAM NAME _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE _____ EMAIL _____

BUILD YOUR FIELD OF DREAMS! There are ten people on a baseball team including the coach. You are the coach! If you can recruit 9 people to donate \$25, you will have a grand slam total of \$250. Our goal is to get 3000 walkers to build their field of dreams and that would bring in \$750,000. Now get out there and recruit your first baseman, second baseman, etc.! We know you can hit a home run!

1 ST BASE SPONSOR	ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card	AMOUNT COLLECTED	
PHONE #	EMAIL	CREDIT CARD #		EXP. DATE			
2 ND BASE SPONSOR	ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card		
PHONE #	EMAIL	CREDIT CARD #		EXP. DATE			
3 RD BASE SPONSOR	ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card		
PHONE #	EMAIL	CREDIT CARD #		EXP. DATE			
PITCHER	ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card		
PHONE #	EMAIL	CREDIT CARD #		EXP. DATE			
CATCHER	ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card		
PHONE #	EMAIL	CREDIT CARD #		EXP. DATE			
RIGHT FIELD	ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card		
PHONE #	EMAIL	CREDIT CARD #		EXP. DATE			
LEFT FIELD	ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card		
PHONE #	EMAIL	CREDIT CARD #		EXP. DATE			
CENTER FIELD	ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card		
PHONE #	EMAIL	CREDIT CARD #		EXP. DATE			
SHORT STOP	ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card		
PHONE #	EMAIL	CREDIT CARD #		EXP. DATE			
						TOTAL	

PLEASE SEND THIS FORM ALONG WITH THE CONTRIBUTIONS WHICH ARE LISTED TO: OC AIDS WALK, 17982 Sky Park Circle, Suite J, Irvine, CA 92614. ONLY LIST DONATIONS WHICH YOU ARE TURNING IN WITH THIS SHEET. Sponsors must include their mailing address for tax receipt purposes: OC AIDS Walk Federal Tax ID # 33-0126481. Please have sponsors make checks payable to OC AIDS Walk. The OC AIDS Walk accepts Visa, Mastercard, American Express, and Discover card only. Please print legibly. Thank you for your support!

I hereby release OC AIDS Walk, AIDS Services Foundation Orange County, Angel Stadium of Anaheim, Angels Baseball LP, and the City of Anaheim, and other sponsoring or co-sponsoring agencies, their parents, subsidiaries, affiliates, agents, employees, officers, directors, or individuals involved in the AIDS Walk Orange County from responsibility for any injuries or damages I may suffer as a result of my participation in the OC AIDS Walk. I hereby permit the use of my name, likeness, voice, and picture in any known media throughout the known universe in perpetuity. IF PARTICIPANT IS UNDER AGE 18: This certifies that my son/daughter has my permission to participate in AIDS Walk Orange County and event officials have my permission to authorize emergency treatment if necessary. IMPORTANT: PARTICIPANTS UNDER AGE 18 MUST HAVE THIS FORM AGREED TO BY A PARENT OR GUARDIAN! (Please print, sign, and turn in to registration table at the Walk.)

SIGNATURE _____ DATE _____

Printing underwritten by Pacific Life

NEED ADDITIONAL SPONSOR SHEETS? CALL THE OC AIDS WALK HOTLINE @ 949-809-5750 OR DOWNLOAD FROM WWW.OCAIDSWALK.ORG