



May 19, 2019

1 p.m. Registration | 2 p.m. Walk
Downtown Canal at Buggs Temple
11th and Senate Avenue, Indianapolis

Easterseals Crossroads | Walking for Dreams Registration Form

Please complete the following form and return to AnneMarie Chambers via email achambers@eastersealscrossroads.org or mail to Easterseals Crossroads, ATTN: AnneMarie Chambers/WFD, 4740 Kingsway Drive, Indianapolis, IN 46205

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Mobile Phone _____

Email _____

Opt-in for: Monthly e-Newsletter Volunteer Opportunities Upcoming Events

Create or Join a Team (optional):

Create a Team Join a Team Team Name: _____

Registration Type: Individual – I agree to raise a minimum of \$35 (check payable to Easterseals Crossroads included)

Family – We agree to raise a minimum of \$75 (2 adults & children under 22)

Individual or Family Fundraising Goal: _____

Would you like to fundraise online? Yes No (We will contact you with an online link)

For Family Registration, please provide the additional names for your registration:

Adult First Name: _____ Last Name: _____

Child Name: _____ Age _____

Child Name: _____ Age _____

Child Name: _____ Age _____

Child Name: _____ Age _____