



2010
MANULIFE
WALK
FOR
MEMORIES

**Don't Forget
To Register
As a Team
or Individual
519.974.2220**

Two indoor locations to choose from:

WINDSOR
DEVONSHIRE MALL
3100 HOWARD AVE
9:00 AM—11:00 AM
SATURDAY, JANUARY 30TH, 2010

LEAMINGTON—KINSMEN
RECREATION COMPLEX
242 SHERK STREET
10:00 AM—12:00 PM
SATURDAY, FEBRUARY 6TH, 2010

Registration form on next side. Pledge forms will sent after registration.

Alzheimer *Society*
WINDSOR-ESSEX COUNTY



2010 MANULIFE WALK FOR MEMORIES

DON'T FORGET TO REGISTER / 2 LOCATIONS TO CHOOSE FROM

- DEVONSHIRE MALL IN WINDSOR
- KINSMEN RECREATION CENTRE IN LEAMINGTON

Alzheimer *Society* WINDSOR-ESSEX COUNTY

REGISTRATION FORM

FIRST NAME _____ LAST NAME _____

E-MAIL _____ PHONE NUMBER _____

ADDRESS _____ CITY _____

POSTAL CODE _____ SHIRT SIZE: S M L XL XXL
(RECEIVE A FREE SHIRT WITH \$100 RAISED)

YES, I WOULD LIKE TO RECIEVE A PLEDGE FORM AND REGISTER FOR:

- | | |
|---|---|
| <input type="checkbox"/> WINDSOR—DEVONSHIRE MALL
3100 HOWARD AVE
9:00 AM—11:00 AM
SATURDAY, JANUARY 30TH, 2010 | <input type="checkbox"/> LEAMINGTON—KINSMEN RECREATION COMPLEX
242 SHERK STREET
10:00 AM—12:00 PM
SATURDAY, FEBRUARY 6TH, 2010 |
|---|---|

FAX FORM TO: (519) 974-9727 **EMAIL FORM TO:** mtiberia@aswecare.com
MAIL TO: ALZHEIMER SOCIETY OF WINDSOR—ESSEX COUNTY
2135 RICHMOND STREET, WINDSOR, ON . N8Y 0A1

TEAM NAME: _____ NUMBER OF TEAMATES: _____

ORGANIZATION NAME: _____ TEAM CAPTAIN: _____

ADDRESS: _____ CITY: _____

POSTAL CODE: _____ ADMIN E-MAIL: _____