

Starbucks Stride 4 Autism Walk-Bike-Run 2007

Walker's Name _____ Shirt Size (please circle) yxs ys ym yl yxl S M L XL

Address _____

Please Make ALL Checks Payable to Stride 4 Autism

Sponsor's Name	Address	Flat Donation	
EXAMPLE: JANE SMITH	1111 MAIN ST., ANYTOWN, ST 12345	25.00	
Please mail to PO BOX 51514 Sparks, NV 89436 by June 5th or bring this form to the walk on June 9th.		TOTAL	