



HELP UNLV SUPPORT THE

1997 LAS VEGAS AIDS WALK

LOCATION: MACY'S (FASHION SHOW ISLAND) • CORNER OF LAS VEGAS BLVD. & SPRING MTN.
8 A.M. - SIGN IN • 8:30 A.M. - OPENING CEREMONY • 9 A.M. - WALK BEGINS • 11 A.M. - CLOSING CEREMONIES

**1997
AIDS WALK
LAS VEGAS**

(702) 382-2326
A F A N

On **Sunday, April 20, 1997**, thousands of people from all walks of life will take the strides necessary to raise money to fight HIV/AIDS. It is the
**Seventh Annual
AFAN AIDS WALK-Las Vegas** to benefit Aid for AIDS of Nevada (AFAN).

The concept is simple, the rewards are great. Just sign up your friends, family, co-workers and others to sponsor your walking. The money you collect will help with the ever-growing need for HIV/AIDS prevention education and care services.

REGISTRATION

WALKER INFORMATION

Bring this form and the money collected with you on the day of the walk.

Please type or print clearly. One walker per card, please.

Name (first, last) _____ Mailing Address _____

City, State, Zip _____ Phone (day) _____ (evening) _____ Age _____

I will be walking as an individual.

I can't walk, but here is my donation of \$ _____ to support the Walk.

All contributions are tax-deductible to the full extent allowed by law. **Make checks payable to Aid for AIDS of Nevada.** Visa/MC also accepted

I will be walking as a team member. My team or team captain is: _____

My employer will match my donation. Attached is a matching gift form.

Card # _____

Exp. Date: _____

*Call 24 Hr. Information Line for Team Captain information.

SPONSOR'S NAME	ADDRESS	DONATION

TOTAL (\$25.00 or more per person, eligible for T-shirt and prizes.)
Attach additional sponsor sheets as necessary.

In participation in the AFAN AIDS Walk, I for myself, my executors, administrators, and assigns, do hereby release and discharge AFAN and all sponsoring businesses and organizations and their agents from all claims of damages, demands, actions, and causes of actions whatsoever, in any matter arising or growing out of participating in this event. Thereby consent to and permit emergency treatment, in the event of injury or illness I also give full permission for use of my name and photograph in connection with this event and AFAN.

Signature _____ Date _____

Parent Signature (if under 16) _____ Date _____

YOUTH UNDER 16 MUST BE ACCOMPANIED BY AN ADULT THROUGHOUT THE EVENT.

BRING SPONSOR SHEET ON THE DAY OF THE WALK AND THE MONEY YOU HAVE RAISED WITH YOU. YOU WILL BE ELIGIBLE FOR PRIZES BASED ON THE AMOUNT OF MONEY YOU TURN IN ON THE DAY OF THE WALK.

WHO BENEFITS FROM THE WALK

Aid for AIDS of Nevada (AFAN) is Nevada's largest community-based, non-profit, HIV/AIDS organization that services nearly 1,500 men, women and children at its two community centers. It provides to its clients,

and the community at large, a full array of services including: food pantry; hot lunch programs; referral to social service agencies; education and prevention programs; individual emotional support, buddy program; group counseling; and free HIV testing.