

IN THE PARK

ROOSEVELT PARK - OCONOMOWOC

PRADER-WILLI SYNDROME MAY AWARENESS WALK-A-THON

SATURDAY, MAY 11, 2024

PLEASE JOIN US FOR THIS LOCAL FUNDRAISING, AWARENESS EVENT
GET MORE INFORMATION ON THIS GENETIC DISORDER THAT AFFECTS 1 IN 15,000.
WHAT IS PRADER-WILLI SYNDROME? go to www.pwsaofwi.org

ONSITE REGISTRATION FROM 9-10 AM

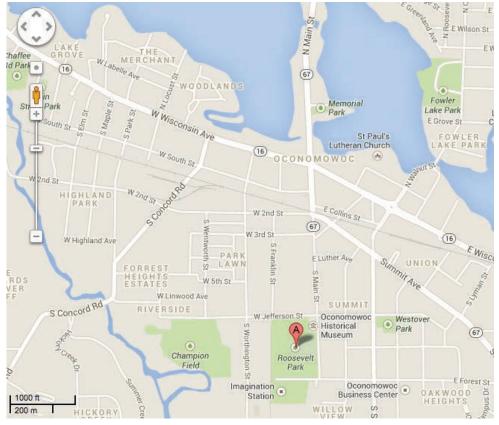


PLEDGE SHEET Collect Pledges online at https://secure.qgiv.com/event/walithpar/				
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Double your donations! Ask your sponsors if they work for a matching gift company and ask for their company form to include with this pledge sheet. Example: \$25 donation = \$50 for your total donation (FORM MUST BE INCLUDED WITH DONATION.)



Please join us for this local fundraising and awareness event. On-site registration will be conducted from 9 am to 10 am followed by the walk. Lunch and dancing will follow. For more information on PWS, go to: pwsaofwi.org.



DIRECTIONS:

Exit US94 at Hwy 67 Oconomowoc. North on Hwy 67 (Summit Ave).

Turn Left on S. Main St. to Roosevelt Park.

100 E. Forest Street, Oconomowoc, WI 53066 (Large Pavilion next to the Imagination station)

NOTE: DOGS ARE NOT ALLOWED IN THE PARK SHELTERS

MAP OF ROOSEVELT PARK

REGISTRATION FEES:

INDIVIDUALS WITH PWS: \$25 EACH

PAID MEMBERS OF PWSA OF WI: \$30 EACH

NON-MEMBERS: \$35 EACH (See the enclosed registration form to become a member today!)

LATE & DAY OF REGISTRATION: \$35 EACH

TAX DEDUCTIBLE - \$15 / entry

PRE-REGISTRATION DEADLINE: 4.22.24

PLEASE PRE-REGISTER EARLY AND BRING YOUR PLEDGE SHEETS THE DAY OF THE WALK. Pre-registration includes lunch and dance.

Register online at https://secure.qgiv.com/event/walithpar/ or by completing the early registration form and mailing to: PWSA of WI, Inc. PO Box 226 Oconomowoc, WI 53066



SPONSORSHIP OPPORTUNITIES

On your mark, get set, Sponsor Us...You are invited to participate in the 14th Annual Prader-Willi Syndrome On the Move May Awareness Walk-A-Thon sponsored by the Prader-Willi Syndrome Association of WI, Inc. This annual event is guaranteed to be a day of fun for the entire community.

The proceeds raised by this event will be used to support, educate and advocate for persons with Prader-Willi Syndrome, their families and professionals in meeting the challenges of this disability. Prader-Willi Syndrome is a complex developmental disability, which occurs in approximately 1:12,000 births. Because of an abnormality on the 15th chromosome, persons with this disability face lifelong challenges in appetite, growth, metabolism, cognitive functioning and behavior. Thanks for your support!

Sponsor Footprint - \$25

Sponsorship footprints to be showcased on the walk route and in our newsletter will be offered for \$25 each. If you have a family member or a loved one that has PWS show your support and pride at their achievements, by leaving your name on a footprint.



Corporate Sponsor Sign - \$150*



Corporate signage visible on the walk route, our Facebook page, our website and in our newsletter is available for \$150/sign.

Lunch Sponsor - \$1500*

As a Lunch Sponsor, you will have your corporate logo prominently displayed on event signage in the lunch area, receive recognition with your corporate logo on each of the lunch bags, and receive special recognition during the event program, on our Facebook page, on our website with a clickable link and our newsletter.

DJ Sponsor - \$250*

The DJ Sponsor will have their corporate logo prominently displayed on event signage in the DJ area, and receive special recognition during the event program, on our Facebook page, website and newsletter.

Finish Line Sponsor - \$250*

The Finish Line Sponsor will be recognized at the finish line, and receive special recognition during the event program, on our Facebook page, website and newsletter.

Promo Table - \$100

Bring a tent and a table and have the ability to meet our amazing families and offer your services! To discuss promo table opportunities, please contact the Program Director at 920-733-3077.

* Please send your company logo to: Progdir@pwsaofwi.org

Early Registration Entry Form SPONSORSHIPS: (please print) **Sponsor Footprint - \$25** Register online at PWSAofWI.org I would like it to read: or by completing the early registration form PWSA of WI, Inc. PO Box 226 and mailing to: Oconomowoc, WI 53066 I am walking as: an individual a team member a team captain Lunch Sponsor - \$1500* **DJ Sponsor - \$250*** *Team Name: Company/Organization: Finish Line Sponsor - \$250* Corporate Sponsor Sign - \$150* Name: SPONSORED BY: Address: Your City: Company State: Zip: Logo Work Phone: WALK-A-THON Here. **Home Phone:** Please send your company logo to: Progdir@pwsaofwi.org Email: * Please select a team name so we can contact you Promo Table - \$100 with team info (member pledges) **BECOME A MEMBER: PAYMENT TOTAL:**\$ Individual \$25 name: __ Family \$40 name:__ CHECKS: Make payable to PWSA of WI, Inc. Professional \$50 name: **Master Card** Visa Discover **REGISTRATION FEES:** Card No. *Individuals with PWS: \$25 each Paid Members of PWSA of WI: \$30 each Exp. Date Non-Members: \$35 each **Security Code** Late registration: \$35 each * If your child resides at Prader-Willi Homes, please communicate Signature: with the home before you register them. Photo **Team Members** Age (if minor) permission Full Name (last, first, m.i.) (check if yes)





Waiver and Release of Liability

,, am a willing participant in a fundraising	g and awareness event
in support of the Prader-Willi Syndrome Association of Wisconsin, Inc. and the pa and the medical and research community it supports.	atients, family members
As part of this event I agree to assume all risks and to release and hold harmless PWSA of WI, Inc. its officers, employees, agents, sponsors, officials and voluntee eaders.	•
I intend by this Waiver and Release to release, in advance, and to waive my right the persons and entities mentioned above, from any and all claims for damages injury or property damage which I may have, or which may hereafter occur to mo participation in the event. I understand and agree that this Waiver and Release is and legal representatives.	for death, personal e as a result of my
understand that I am solely responsible for my health and safety, and I acknowledge of participating in and completing this event.	ledge that I am
hereby agree to allow PWSA of WI, Inc. the use of my name and likeness (event purpose related to advertising or promotion of the event and/or PWSA of WI, Inc. iability to me.	
have carefully read this Waiver and Release and fully understand its contents. If years of age at the time of registration, my parent or legal guardian has composited waiver and Release, understands and consents to its terms, and authorizes my posignature below. I am aware that this is a RELEASE OF LIABILITY and a contract be persons and entities mentioned above, and I sign of my own free will.	eletely reviewed this earticipation by his/her
Signature	_ Date:
Printed Name:	-
Parent/Guardian Signature:	_ Date:
Printed Name:	_
Please mail this completed form with your registration or bring the day of ever	nt.
DWSA of WL Inc	

PWSA of WI, Inc.

PO Box 226 Oconomowoc, WI 53066 www.pwsaofwi.org