

**American Council of the Blind
Brenda Dillon Memorial Walk
100k Photo Finish
June 28, 2019
Individual/Team Member Registration Form**

My registration fee of \$25.00 is enclosed. Here is my information:

Your Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____

Email: _____

Will you be walking as an _____ individual or _____ with a team?

If walking with a team, what is the name of the team?

If you are an ACB member, specify the State or Special Interest Affiliate to which you wish your participation to be credited for purposes of determining affiliate award. _____

Please make your checks for \$25.00 payable to the American Council of the Blind (or ACB) and mail it, along with this form and the Waiver and Release of Liability form to:

American Council of the Blind
6300 Shingle Creek Parkway, Suite 195
Brooklyn Center, MN 55430

If you prefer to register by telephone, please contact Nancy Feela at (612)-332-3242

For questions about this year's Walk please contact Dan Dillon, Walk Co-Chair, at (615) 874-1223 or dan.dillon@comcast.net.

Thank you for your support!