

**The Brent Woodall Foundation
for Exceptional Children Presents...**
Walkabout for Autism

‘YOU can make a world of difference’

Andrew Brown Jr. Community Park East in Coppell, TX

September 26, 2009

9:00am-12:00pm

Registration: 8:00am

Walk Begins: 9:00am

Admission:

Adults \$25 Children \$10

The mission of the BWF is to empower parents of children with autism by providing educational training, customized academic and behavioral plans, psychological assessments, and modest financial support. All monies raised will go directly to support the programs offered through the BWF and the families it serves.

Join us for:

- * **Autism Awareness**
- * **5k walk**
- * **Raffle Drawing**
- * **Bounce House**
- * **Kid Zone**
- * **Free T-shirt**

**Thank you to our
sponsors:**

- * **Better Built**
- * **ABGI**
- * **Alexa Springs**
- * **Booth Booth**





The Brent Woodall Foundation's Walkabout for Autism 2009



September 26, 2009 9am – 1pm

"You can make a world of difference."

Registration Form

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Telephone Number: _____

Email Address: _____

Names of Participants: _____ Child(\$10)/Adult(\$25)

Please circle "child" or "adult"

_____ Child(\$10)/Adult(\$25)

_____ Child(\$10)/Adult(\$25)

_____ Child(\$10)/Adult(\$25)

_____ Child(\$10)/Adult(\$25)

Raffle Ticket Purchase

I would also like to purchase _____ raffle tickets for \$5 each *or* 5 for \$20 each.

Total Purchase

Registration Fee(s):\$ _____

Raffle Ticket(s):\$ _____

Additional Donation(s):\$ _____

GRAND TOTAL: \$ _____

Form of Payment/Donation:

- Check by Mail (check number _____)
- Credit Card
- Cash by mail
- Cash or Check at time of walk

Credit Card Processing Form

Type of Card: Master Card Visa Discover

Credit Card #: _____ Exp Date: _____ CVC # (3 digits on back of card): _____

Name of Card Holder: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

I authorize the Brent Woodall Foundation for Exceptional Children to charge my credit card in the amount of \$ _____.

Card Holders Signature: _____ Date: _____

Please send this form via fax or mail:

Fax: 972-636-8159

Mail: The Brent Woodall Foundation for Exceptional Children

870 Denton tap Road, SUITE 250

Coppell, TX 75019

Attn: Carley Waltenburg