

American Parkinson's Disease Association
Walking To Ease The Burden!

Everyone can join in the fun! Young or old, leisure stroller, exercise pacer, race walker, patient, caregiver, family, friend, neighbor, co-worker, or acquaintance.

You decide how far or how fast you walk on the 1 mile paved trail. Dogs are welcome but must be kept leashed at all times. If you are unable to participate, you can still contribute by making a donation!

All proceeds from this event will go directly to the American Parkinson Disease Association to support research, people living with Parkinson's disease, their caregivers and Parkinson education.

Parkinson's Disease Facts

- Approximately 3 million people in the U.S. have Parkinson's like disorders, 1.5 million of whom have been diagnosed with Parkinson's disease.
- Approximately 60,000 Americans are diagnosed with Parkinson's each year.
- Parkinson's is a progressive brain disorder resulting in a loss of dopamine production. Dopamine is a substance that is essential to normal nerve activity in the brain.
- Symptoms may include slowness of movement, tremor, rigidity, loss of balance, "freezing in place", and softness of speech.
- Parkinson's affects all ages – and even some children. Most people with Parkinson's are 60 years old or older, but an estimated 20 percent are young adults under 50.



When
Saturday, September 13, 2008

Where
*Raccoon River Park
 Bittle and Cone Flower Shelters*

Registration
Please return form by 8/30/08.
We will allow registration the day of the event from 8:00-9:00 but appreciate your forms returned by 8/30/08.

Time
Walk festivities begins at 9:00

Fee
\$20.00 (includes T-Shirt)

Come join the fun!

For more information, please visit
www.apdaiowa.org



REGISTRATION FORM

Individual or Team participation is welcome!

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

I would like to register as a walker

I will be unable to walk, but would like to contribute.

Enclosed is my donation of \$ _____

Sponsor's Name	Address	City/State/Zip	Phone/E-Mail	Amount Donated

Total Sponsor Donations Collected \$ _____

Personal Donation \$ _____

Total Enclosed \$ _____

To register, please print the form, fill it out and mail the form and your check make payable to APDA to:

APDA, Inc.
 c/o Sogeti USA, LLC
 1820 NW 118th St, Suite 220
 Des Moines, IA 50325-8259

For more information on how you can help, please visit: www.apdaiowa.org (APDA Inc., is a 501©3 organization). Your donation is tax deductible to the extent allowed by law.

Signature: _____

Waiver: I hereby waive all claims against the American Parkinson Disease Association, Inc., sponsors of any personal injury I might suffer at this event. I grant full permission for organizer to use photographs of me in the legitimate accounts and promotions of this event.