

# Be a PAL Walk Program Participation Form

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## Organizer Information

Your Name \_\_\_\_\_

Organizer's Name \_\_\_\_\_ Title \_\_\_\_\_

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Organizer's E-mail \_\_\_\_\_

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## Event Location Information

Estimated No. of Individuals Participating \_\_\_\_\_ Event Date \_\_\_\_\_

Event Location \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Fax to (703) 691-8403 Attn: Laura Cannon  
or  
Mail to FAAN, 11781 Lee Jackson Hwy., Suite 160, Fairfax, VA 22033