Walk n’ Roll Application Guidelines

Thank you for your interest in holding a Walk n’ Roll to Cure Ataxia to raise awareness of ataxia and support the mission of NAF to cure Ataxia. We truly appreciate your interest and have developed the following guidelines to help you with your efforts. Please do not hesitate to contact NAF regarding any questions you may have.

1. The first step in conducting a Walk n’ Roll for Ataxia is to complete and return the Walk n’ Roll Application. Your application will be carefully reviewed and you will be contacted.

2. Once your Walk n’ Roll has been approved, begin planning your event and assign others with various tasks for the planning, marketing, fundraising, and implementation of your event. Refer to the How to Organize a Walk n’ Roll pamphlet.

3. In promoting your event, all promotional materials regarding your event (electronic and print) must state: “All proceeds to benefit the National Ataxia Foundation.”

4. Any and all materials and/or written correspondence that uses the name of the National Ataxia Foundation must receive prior written approval from NAF.

5. Depending upon the location of the event and the type of event being conducted, liability insurance may be required. If insurance is required, please contact the NAF and we may be able to help you in securing insurance for the event.

6. Events must be accessible to all attendees.

7. All checks for your event must be made payable to the National Ataxia Foundation (or NAF) and must be sent to the national office within 30 days of the event.

8. NAF reimburses for expenses deemed necessary to hold the event such as facility rental, insurance, signage, etc. It is desirable to obtain sponsors to cover such event expenses – either through cash donations or contributions in kind. This is not always feasible, and NAF will reimburse for expenses that are necessary to hold the event, provided that NAF approval is obtained prior to the expense being incurred.

9. Registration and donation forms used for your event are required to be approved by NAF prior to distribution to ensure required information is being asked and all financial notices and disclaimers are present. Examples of these forms can be found in the Walk n’ Roll Kit.
Walk n’ Roll Application Form

Today’s Date: ________________

Organizer’s Name(s):
_____________________________________________________________________

Address: _________________________________________________________________________

City: ______________________ State: ____________ Zip: __________________

Telephone: _______________ Fax: __________________ E-mail: ________________

Are you an affiliate of an NAF Support Group or Chapter?
_________________________________________________________________________________

Name of your Walk n’ Roll:
_________________________________________________________________________________

Does your Walk n’ Roll have a website or Facebook page?
_________________________________________________________________________________

Date of your Walk n’ Roll __________________________ Start & End Time __________________

Location & Address of your Walk n’ Roll:
_________________________________________________________________________________

_________________________________________________________________________________

Please describe your Walk n’ Roll (i.e. a 2K walk and a 5K run):
_________________________________________________________________________________

_________________________________________________________________________________

Please list your event how you would like NAF to post on NAF’s event calendars.
_________________________________________________________________________________

_________________________________________________________________________________

Is your fundraiser in honor or memory of someone?
_________________________________________________________________________________

Your Dollar Goal $__________________
THE UNDERSIGNED AGREES THAT IF THIS WALK N’ ROLL IS APPROVED BY THE NATIONAL OFFICE ALL PROCEEDS WILL BE SUBMITTED TO NAF WITHIN 30 DAYS OF THE EVENT, ALONG WITH A FULL ACCOUNTING OF THE WALK N’ ROLL. FURTHERMORE, NAF SHALL NOT BE HELD LIABLE FOR ANY FINANCIAL LOSS AS A RESULT OF THE WALK N’ ROLL NOR WILL ANY LIABILITY OF ANY KIND BE CLAIMED AGAINST NAF.

__________________________________
Signature of Walk n’ Roll Chair/Organizer

__________________________________
Signature of NAF Executive Director

Please mail, fax or e-mail the completed application to the NAF (see the letterhead above), and someone will contact you within three business days. Thank you for your interest in the Walk n’ Roll to help support the mission of the National Ataxia Foundation to cure Ataxia.