



The Angelman Syndrome Foundation (ASF) is pleased that you have expressed interest in coordinating a walk in your area to support the mission & vision of the ASF. As an ASF Walk Site Coordinator, it is your responsibility to uphold the mission and goals of the ASF National Walk. Without volunteers like you, we would not be able to have these amazing events, and we appreciate your willingness to lead the walk in your area.

Contact Information					
Last Name		First Name			
Street Address		Suite/Apt.#			
City		State		Zip	
Cell Phone		Email Address			
Preferred method of communication					
Signature:					

Commitment to Coordinate	
Please read and initial in every box to the left of the statement. Thank you!	
	I will host a local walk site on May 20, 2023 in _____ (City, State)
	I will respond to national office requests in a timely fashion. I will communicate with ASF office about timeline expectations, team developments, event concerns, and all other aspects of the planning process. My primary contact at the ASF shall be with the National Special Events Coordinator.
	<p>I will be aware and comply with all national and local governances and laws including all regulations specified in walk guidelines booklet.</p> <p>a. Failing to comply with such laws, may put the ASF in jeopardy of losing their non-profit status.</p> <p>b. If I fail to comply with such laws, I will hold harmless the ASF, its officers, directors, staff and agents from any and all claims and damages arising from such failure to comply.</p> <p>c. Copies of all local permits, registrations and other documentation showing such compliance to be sent to ASF by February 15, 2023.</p>
	<p>I will use the name and logo of ASF only for purposes of promoting and raising funds for the ASF National Walk. Any such items using the ASF name or logo must be approved by the ASF National Office before publication.</p> <p>a. I will not use ASF's name and logo for any other purpose. Neither will I use ASF's name and logo for obtaining support or funding for personal or family purposes.</p> <p>b. I will not alter or recreate forms, letters (other than as noted in the ASF Walk Guidelines Booklet), documents, signs, t-shirts or other promotional materials.</p>
	I will secure the walk site and submit permits to the ASF as early in the year as possible. Only when the site has been secured will ASF publicize my walk site in their publications and website.
	In conducting the Walk, I will follow the requirements outlined in this letter and in any guidelines, emails and other materials supplied to me by ASF.
	I will submit documentation of day-of-walk funds received, including donation forms, envelopes and checks, as appropriate via FedEx to arrive no later than the First Tuesday, after the Walk .

	Financial procedures will be followed with no deviations from the guidelines set forth in the guidelines. A signed waiver and release will be obtained from every partici-pant, including all team leaders and volunteers.
	Event expenses shall be limited to site fees and permits. Event reimbursements shall be limited to event location specific expenses, requiring pre-approval. See Expense Guidelines for more information.
	I agree to try to recruit 5-7 team leaders and supporting volunteers (16 years or older) to assist me.
	I will participate in all conference calls & webinars throughout the year, or make other arrangements with ASF staff if needed.
	I will openly communicate with my leadership team and the ASF. I will ensure all aspects of this event are being properly prepared for, and in the event of an issue I will immediately alert the ASF.

If you have any questions as you plan for and host the ASF Walk, please contact the Kitty Murphy. To indicate that you have read this letter and agree to its terms, please initial all boxes, sign and return this letter to:

Angelman Syndrome Foundation
3015 E. New York Street
Suite A2-#285
Aurora, IL 60504
Email: kmurphy@angelman.org

The Angelman Syndrome Foundation Staff is here to equip and support you and your team.
We look forward to an amazing National Walk!

Gratefully,


Kitty Murphy

National Special Events Coordinator

I have read, understand, and agree to the terms and conditions in this letter.

Print Name

Signature

Date

***With the help of your team leaders, coordinating
and implementing your community ASF Walk will be one of
the most rewarding things you do!***