





2024 Walk in a Box Host registration

Contact first name:	Contact last r	name:
Host location/organization:		
Address:		
City:	Province:	Postal code:
Phone number:	Email address:	
Walk in a Box date (May 1 —	31):	
Start time:	End Time:	
		as a public event that anyone is
welcome to attend and partici Please create a web page for m		t online donations. \square Yes \square N
welcome to attend and partici Please create a web page for m Host kit — Please check the	ipate in. □ Yes □ No ny Walk in a Box event to collec	t online donations. \square Yes \square N
welcome to attend and participle Please create a web page for methods the Please check the 1 Walk in a Box guide 1 host report form	ipate in.	t online donations.
welcome to attend and partici Please create a web page for m	ipate in.	your kit: Number of people expected:

Please return completed form to: Alzheimer Society of Saskatchewan 301–2550 12th Ave Regina, SK S4P 3X1 Email: bquist@alzheimer.sk.ca Phone: 306-949-4141 Toll Free: 1-800-263-3367

Fax: 306-949-3069