HAWAI'I PARKINSON ASSOCIATION

2025 HAWAII PARKINSON WALK REGISTRATION FORM

☐ Start a team ☐ Join a team ☐ Walk as an individual

Team Name: _____

Group/Company Name (optional) _____

☐ I'm not walking but I'd like to support this team or individual

_____

PARTICIPANT INFORMATION

First Name: _____

Last Name: _____

Address: _____

City: _____ **State:** **Zip Code:** _____

Phone: _____

Email: _____

Enclosed is my donation of $ _____

Make checks payable:
Hawaii Parkinson Association, 2228 Liliha St. #206 Honolulu, HI 96817
To make a credit card donation, scan the QR code or go to parkinsonshawaii.org/donate

If you have any questions email us at info@parkinsonshawaii.org or call (808) 762-0600.

MAHALO FOR YOUR SUPPORT!