



**30th ANNUAL WALK AND RUN
SUNDAY, JUNE 7, 2009
DETROIT ZOO, ROYAL OAK, MI
REGISTRATION FORM**

PERSONAL INFORMATION

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone: _____ Email: _____
I am: Male Female Date of Birth: _____ (Note, if participating in run, please include date of birth)

TEAM INFORMATION

Are you participating as a member of a team? Yes No
Team Name: _____
Team Captain: _____
Team Captain Phone: _____ Expected Number of Participants _____
Team Type: Corporation Family/Friends School Other _____

REGISTRATION OPTIONS

Individual: \$25 Group of 4: \$55 Group Larger than 4 \$15 per person

I am participating in the 5k Run. I am participating in the 1-mile run for kids.

Each registration includes participation in the two-mile walk through the Zoo, walk t-shirt, door prize ticket, COMPLIMENTARY ALL-DAY ENTRANCE to the DETROIT ZOO!

Family Names (if applicable):

Name: _____	Age: _____	5k	<input type="checkbox"/> Kids Run
Name: _____	Age: _____	5k	<input type="checkbox"/> Kids Run
Name: _____	Age: _____	5k	<input type="checkbox"/> Kids Run
Name: _____	Age: _____	5k	<input type="checkbox"/> Kids Run
Name: _____	Age: _____	5k	<input type="checkbox"/> Kids Run

SELECT T-SHIRT SIZES:

Please select your size(s) below:

Adult: S M L XL XXL XXXL Youth: S M L
Toddler: 2T 3T 4T **Sizes not guaranteed to those registering after May 8, 2009.**

I WANT TO COLLECT PLEDGES!

Yes! Send me a Pledge envelope so that I can help raise funds through collection of pledges. You can begin collecting pledges now by creating your personal fundraising website ONLINE at www.firstgiving.com/30thwalk.

PAYMENT INFORMATION

\$ _____ is enclosed for the registration option(s) selected above.

NOTE: If registering after May 8, 2009, please add \$10 to each registration.

\$ _____ is enclosed for an additional unrestricted donation I would like to make to the Scleroderma Foundation.

I am enclosing a check made payable to the Scleroderma Foundation for my grand total of \$ _____.

I wish to charge my grand total to my: American Express Visa MasterCard

Card Number _____ Expiration Date _____

Name on Card _____

**Please mail this registration and your payment/donation to: Scleroderma Foundation Michigan Chapter; 30301 Northwestern Highway; Suite 300; Farmington Hills, MI 48334.
Fax registration to 248.865.7523 if paying with a credit card.**