



Stepping Out Across Michigan to Cure Scleroderma
WALK AND RUN
REGISTRATION FORM



PERSONAL INFORMATION

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone: _____ Email: _____
Birth Date: _____

5K Run (Detroit Zoo Event Only)

5K Run: _____ Individual: \$24 Male _____ Female _____ Date of Birth: _____

Each Run registration includes participation in the run and a t-shirt.

Adult: ___S ___M ___L ___XL ___XXL ___XXXL
Sizes not guaranteed to those registering after May 18, 2012

Walks

2 Mile Walk Detroit Zoo, June 24, 2012: _____ Individual: \$25

Family Pack Detroit Zoo, June 24, 2012:* _____ Family Pack: \$95

*Family Pack includes up to two adults and two children ages 12 and under. Ages 4 years and under are free

I WANT TO COLLECT PLEDGES!

Yes! Send me a pledge form. You can begin collecting pledges ONLINE at <http://www.firstgiving.com/SFMlevents>

PAYMENT INFORMATION

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

\$_____ 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 _____ Security Code: _____

Name on Card _____

Please mail this registration and your payment/donation to:
Scleroderma Foundation Michigan Chapter
23999 Telegraph Southfield, MI 48033
Fax registration: 248 595-8586 if paying with a credit card
Call 248 595-8526 for questions