

**Seventh Annual Worcester Walk-A-Thon
Bancroft School - Worcester, MA
Sunday, May 3, 2009**

Sign in - 10:00a.m.

Walk begins at Noon

REGISTRATION FORM

(PLEASE PRINT CLEARLY)

To register, please complete the form and mail today! (photocopies accepted)

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Email: _____

Fundraising Goal: \$ _____

T-Shirt Size (Registrations received by April 25 will receive a free T-shirt)

Small Medium Large X-Large

I am a: Patient Student Relative Friend Health Care Professional

Volunteers

- I am walking and would also like more information on volunteering before or after the walk.
- I am unable to walk but would like to be a volunteer.
- I am unable to walk. Enclosed is my donation of \$ _____
- Please send me information about scleroderma.

Please mail to:

SF NewEngland Chapter
462 Boston Street, Suite 1-1
Topsfield, MA 01983



**For more information please call the New England Chapter at 1-888-525-0658
or visit our web-site at:**

www.scleroderma.org/chapter/newengland/2009WorcesterWalk.htm

Waiver of Release and Liability

Each participant must read and sign below.

I hereby waive all claims against the City of Worcester, the Scleroderma Foundation, the Scleroderma Foundation's New England Chapter, their staffs, Board of Directors or volunteers for any injury that I might suffer in this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

Signature _____

Date _____

Parent or Guardian (if under 18 years old) _____