

Scleroderma Foundation Texas Chapter REGISTRATION FORM



Individuals **\$10** each (Includes 1 T-Shirt) Children 12 & Under - **\$5** each (Includes 1 Youth T-Shirt)
T-Shirt Sizing: **Adult** - S, M, L, XL, 2XL, 3XL, 4XL **Youth** - XS, S, M

Name: _____ Shirt Size _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # : _____

Email: _____

Registration for additional family members:

Name: _____ Adult: _____ 12 or under: _____ Shirt Size _____

Name: _____ Adult: _____ 12 or under: _____ Shirt Size _____

Name: _____ Adult: _____ 12 or under: _____ Shirt Size _____

Name: _____ Adult: _____ 12 or under: _____ Shirt Size _____

Total Adult Registrations @ **\$10** each Qty _____ \$ _____

Total Youth Registrations @ **\$5** each Qty _____ \$ _____

Other \$ _____

Total Enclosed \$ _____

Will you be raising funds? Y _____ N _____ If yes, we will send you a fundraising packet.

Payment Type: _____ Check enclosed - Made payable to **Scleroderma Foundation-TBC**
 _____ I would like to pay by **Paypal** or **Credit Card** (We will contact you.)

Please email this completed form to **SFTBCevents@scleroderma.org.**

Or mail to:

Scleroderma Foundation-TBC PO Box 1836, Allen, TX 75013

For Office Use Only:

Please Circle One: Cash _____ Check # _____ Charge _____

Registration \$ _____ Donation \$ _____ Merchandise \$ _____ Tickets \$ _____

Volunteer Initials: _____