

A registration fee of \$20 for those 18 and older should accompany this form. Take a \$5 **DISCOUNT** per registrant if you register prior to the day of the walk by mailing in this registration form to the SF Tri-State office. Pre-registrants are encouraged to make copies of this form and continue to collect sponsors. Turn in additional forms and money the day of the walk. **THANK YOU!**

A signature is required for each adult in the waiver section below. Parents must sign for all children.

Walk Site: Albany Binghamton Buffalo Hartford Leonia Long Island Manhattan Plattsburgh
 Poughkeepsie Rochester Stamford Syracuse

PLEASE SIGN UP SPONSORS BELOW. THIS IS OUR MAJOR FUNDRAISER FOR THE YEAR.

Last Name _____ First Name(s) _____
Address _____ Apt _____ City _____ St _____ Zip _____
Home Phone _____ Work Phone _____ Ext _____ Email _____

Waiver: In consideration of being permitted to participate in Stepping Out To Cure Scleroderma, I hereby, for heirs, my personal representatives and myself assume any and all risks which might be associated with this event. I further waive, release, discharge and covenant not to sue the Scleroderma Foundation, any chapter, support group, officer, employee, sponsor, organizer, volunteer or other representative or their successors and assigns or the park or other location, for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and any related activities. I agree to the use of any photo, film or video of the event for any purpose.

Adult Signature: _____ Adult Signature: _____

I am unable to attend. Please accept my contribution of \$ _____

Checks payable: SF Tri-State Mail to: Scleroderma Foundation/Tri-State, Inc. Chapter, 59 Front St, Binghamton, NY 13905

Registration Fee(s) \$ _____ **Personal donation** \$ _____

I am walking in honor of _____

In memory of _____

Team Name _____

- I am interested in volunteering for Walk 2011.
- I would like more information about scleroderma.
- I am a scleroderma patient.



Sponsors' Contributions

Return completed form(s) with check(s) or money order(s) to Scleroderma Foundation/Tri-State Chapter, 59 Front St, Binghamton, NY 13905
An acknowledgment, which serves as a tax receipt, will be mailed to each sponsor if address is provided.

Put me on Mailing

	Name	Street Address	City	State	Zip	\$ Contributions	List
1							
2							
3							
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6							
7							
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11							
12							

Please duplicate this form for additional sponsors

Total Sponsors' Contributions \$ _____