

# STEPPING OUT TO CURE SCLERODERMA 3K/5K WALK



SATURDAY, JUNE 20, 2015

CHERRY CREEK STATE PARK

## REGISTRATION FORM

Please print and complete **OR REGISTER ONLINE at**

[www.scleroderma.org/steppingoutdenver](http://www.scleroderma.org/steppingoutdenver)

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
(Name & Phone Number)

### Select One:

- I will be walking as an individual
- Please add me to the team \_\_\_\_\_

### REGISTRATION FEE:

- Adult – Early Bird Registration – Short Sleeve T-shirt - \$30.00** \$ \_\_\_\_\_  
*(Early Bird Registration entries must be postmarked by June 1, 2015)*  
Please circle size : S M L XL XXL Opt Out
- Adult – Registration – Short Sleeve T-shirt - \$35.00** \$ \_\_\_\_\_  
*(Includes all entries postmarked after June 1, 2015)*  
Please circle size : S M L XL XXL Opt Out
- Adult – Early Bird Registration – Long Sleeve T-shirt - \$35.00** \$ \_\_\_\_\_  
*(Early Bird Registration entries must be postmarked by June 1, 2015)*  
Please circle size : S M L XL XXL Opt Out
- Adult – Registration – Long Sleeve T-shirt - \$40.00** \$ \_\_\_\_\_  
*(Includes all entries postmarked after June 1, 2015)*  
Please circle size : S M L XL XXL Opt Out

### Kids under 12 walk for FREE!

*(Up to 2 kids with one paying adult. A separate release form must be signed for each child.)*

Child's Name \_\_\_\_\_

Free short sleeve t-shirt size (please circle): Youth sizes: S M L Opt Out

Child's Name \_\_\_\_\_

Free short sleeve t-shirt size (please circle): Youth sizes: S M L Opt Out

### Additional t-shirts available for purchase

No. of additional short sleeve t-shirts \_\_\_\_\_ x \$15.00 = \$ \_\_\_\_\_  
 No. of each size: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_  
 No. of each kids size: Youth sizes: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_  
 No. of additional long sleeve t-shirts \_\_\_\_\_ x \$20.00 = \$ \_\_\_\_\_  
 No. of each size: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

I AM UNABLE TO WALK, BUT PLEASE FIND MY DONATION ENCLOSED OF \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED** \$ \_\_\_\_\_

*(Please make checks payable to the Scleroderma Foundation – Rocky Mountain Chapter)*

### RELEASE FORM

*I understand that my participation in the Stepping Out to Cure Scleroderma Walk is voluntary and at my own risk. The Scleroderma Foundation, their staffs, Board of Directors or volunteers will not be responsible for any injury or damages incurred by me or my property. I agree to permit the free use of my name and picture in any broadcast, telecast or other account of this event.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18, signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please mail registration and your payment to:**  
 SCLERODERMA FOUNDATION  
 Rocky Mountain Chapter  
 2280 S. Albion St.  
 Denver, CO 80222

**For more information, please contact us:**  
 Phone: (303) 806-6686  
 Email: [cochaper@scleroderma.org](mailto:cochaper@scleroderma.org)

