Stepping Out to Cure Scleroderma 2020 Walk Registration Form

Visit *SteppingOutWalk.org* or call 800-867-0885 to register for your walk location.

Walk-day registration fee: Ages 16 and up - \$30 | Ages 6-15 - \$10 | Ages 5 and under - Free
Online \ Pre-walk mailed in registration fee: Ages 16 and up - \$25 | Ages 6-15 - \$10 | Ages 5 and under - Free
Please turn in additional donations at the check-in/registration table on the day of the walk.

A signature is required for each walker in the waiver section below. Parents must sign for all children under 18 years of age.

Ringhamton NV

Ollong Island NV OManhattan NV ONew Haven CT

Walk Site Albany NV

	epsie, NY ORidgefield Park, NJ	Rochester , NY OSyra	,	•		
Team	Last Name	First Name				
Address		City	State/Zip			
	Email					
O I am interested in volunteeri		,				
	nal contribution is indicated below.	Free gift with	\$250 raised (one gi	ift per registra	nt/family)	
O I am a scleroderma patient.			Official Use Only			
O I am interested in more information about scleroderma.		D				
_	ember, please send me information.	n			U	
Registration Fees(s) \$	Personal donation(s) \$					
associated with this event. I further w volunteer, municipality or other repre	igned participate in Stepping Out To Cure Scleroderma, I hereby raive, release, discharge and covenant not to sue the Sclei sentative or their successors and assigns or the park or ot- ed activities. I agree to the use of any photo, film or video	roderma Foundation, any chapter, affi her location, for any and all injuries o	iliate, support group, officer, er	nployee, sponsor,	organizer,	
Adult Signature:		Adult Signature:				
•	below. Please turn in additional don	-			the walk	
	ment (which serves as a tax receipt) will be					
Name	Address			Check#	Donation	
			Total Dor	, ations		