



Saturday, May 5, 2018

Los Angeles Southwest College

1600 W. Imperial Hwy, Los Angeles, CA 90047

9:00 am ~ Registration

10:00 am ~ Opening Ceremony

10:30 am ~ Walkathon Begins

1:30 pm ~ Closing Ceremony & Awards Recognition

Join us to help raise funds for Camp Crescent Moon, the nation's first & oldest summer camp for children with sickle cell disease.

Register Online by April 20th

www.scdfc.org

For information please call (909) 743-5226 or



Participant's Name: _____ Age (if under 18) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Phone: () _____

Email: _____ T-shirt size ADULT CHILD S M L XL 2X 3X 4X 5X

NOTE: Register by April 20th to guarantee t-shirt size

I/We/My child is participating as a (check one):

- Individual Walker
- Team Walker - Four or more individuals

I/We are walking in honor memory of: _____

Team Name (for sponsored groups or teams): _____

REGISTRATION FEE - Due by April 20th to guarantee receipt of Souvenir Wristband, Walker's BIB, & t-shirt.

- FREE for persons with SCD (additional info required)** Quantity: _____ FREE
- \$25.00 per walker (ages 13+) Quantity: _____ @ \$25 each
- \$10.00 per walker (ages 3-12) Quantity: _____ @ \$10 each
- \$20.00 per **team walker** of 4 or more (ages 13+) Quantity: _____ @ \$20 each
- Children 2 & under FREE (does not include t-shirt) Quantity: _____ FREE

Registration fee enclosed in the amount of \$ _____ (see registration fee above)

Virtual walker, I am unable to attend but please accept my donation of \$ _____

CHECK Visa MasterCard AMEX

Card #: _____ Exp Date: ____/____/____ CVV code: _____

Signature: _____

In consideration of being permitted to participate in the Sickle Cell Disease Foundation of California's - Camp Crescent Moon Walk-A-Thon, I hereby for myself, my heirs and personal representatives assume any and all risks which might be associated with this event. I further waive, release, discharge and covenant not to sue the Sickle Cell Disease Foundation of California, its officers, employees, sponsors, organizers, volunteers, or other representatives, or their successors and assigns, 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 also agree to the use of any photos, film or videotape of the event for fundraising purposes.

Signature: _____ Date: _____

Parent's Name (if participant is under age 18) _____

Please ask your sponsors to make their tax-deductible contributions to the Sickle Cell Disease Foundation of California. The cancelled check serves as a receipt.

Please return registration form and fee by May 1st to the:

Sickle Cell Disease Foundation of California
3602 Inland Empire Blvd., Suite B220, Ontario, CA 91764
Phone (909) 743-5226 • Fax (909) 743-5227



**Sickle Cell Disease
Awareness
Walk-A-Thon**

Please deliver your contributions and sign up sheet to the Sickle Cell Disease Foundation of California no later than Tuesday, May 1st. After this date, please bring all forms and donations to the walk on Saturday, May 5, 2018.

ATTENTION: DO NOT MAIL CASH!!

If mailing form please exchange all cash for a single check payable to: SCDFC (include phone number on check)

Name of walker: _____ Phone: () _____

Sponsor Name	Telephone	Donation Amount	Cash/Check	Comments
	()	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	
	()	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	
	()	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	
	()	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	
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	()	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	
	()	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	
Corporate Matching Gift(s)		\$.		
TOTAL DONATIONS		\$.		

Please photocopy and attach additional sheets if necessary. Please check to see if your company or your sponsors company has a *Matching Gift Program!*
Forms available at www.scdfc.org or www.campcrescentmoon.org—Walk-a-Thon

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